

## Notice of Privacy Practices-Short Version

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **MY COMMITMENT TO YOUR PRIVACY**

My practice is dedicated to maintaining the privacy of your personal health information as required by law. This pamphlet is a shorter version of the full, legally required NPP which you can receive along with this form if you request it by initialing the appropriate box on the Consent Form.

I will use the information about your health which I get from you or others to provide you with **treatment**, to arrange **payment** for my services, or for some other business activities which are called health care **operations**. After you have read this NPP you will be asked to sign a **Consent Form** to allow my office to share your information.

If you or I want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask that an **Authorization** be signed. Your health information will be kept completely private; however, there are times when the law requires it be shared such as:

- When there is a serious threat to your health and safety or the health and safety of another individual or the public. Information will only be shared with a person or organization capable of preventing or reducing such threat.
- Some law suits and legal or court proceedings.
- If required by a law enforcement official through a court order.
- For Worker's compensation and similar benefit programs.
- Other rare situations are described in the longer version of the NPP.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION**

- 1) You have the right to request that my office communicate with you about your health and related issues in a particular way or at a certain place. For example, you can request that you be contacted only at home and not at work.
- 2) You have the right to ask my office to limit information given to certain individuals involved in your care or the payment of your care. While I am not required to agree to such requests, if an agreement is reached it will be kept except in circumstances when it is against the law, an emergency, or when the information is necessary for your treatment.
- 3) You have the right to obtain your health information, such as medical and billing records. You may even obtain a copy of these records, however, there may be a charge for this service. Contact my Office Manager/Privacy Officer to make arrangements.
- 4) If you believe the information contained in your records is incorrect or incomplete, you may request that certain changes be made to your health information. This request must be submitted to the Privacy Officer in writing. Reasons for the proposed changes must be stated.
- 5) You have a right to a copy of this notice. If this NPP is changed it is to be posted in the waiting room and an updated copy may be obtained from the Privacy Officer.
- 6) You have the right to file a complaint if you believe your privacy rights have been violated. A written complaint can be filed with the Privacy Officer and with the Secretary of the Department of Health and Human Services. Filing a complaint will not change the level of health care provided.