Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEAS REVIEW IT CAREFULLY.

This office is dedicated to providing services for your health and protecting your privacy. This notice will remain in effect until it is replaced or amended by changes in law.

Personal Information about you may be gathered in one of the following ways:

- Information received from you
- Information received from other healthcare providers

Disclosure of Your Health Care Information

This information is used for purposed of treatment, payment, and healthcare operations.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.
Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the even of an emergency or of your death.

Public Health

As required by law, we may disclosed your health information to the public health authorities for purposed related to: preventing or controlling disease, injury of disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Marketing

This office will not use your health information for marketing communications without your written authorization. However, we may send birthday cards, newsletters and appointment reminders, by telephone calls, email, or mail. Please inform our office if you do not want us to contact you for one of the above reasons.

Incidental Disclosure

The office maintains a sign in log for patient receiving treatment in the office. The sign in log is located at the front office desk area where staff can readily see who is seeking care, as well as the individual's location within the office. This information may be seen by, and is accessible to, others who enter the office.
New patient, Thank You, Success story, and Picture boards will be visible and maybe viewed by the public. Patients who trust our office with the care of their family, friends, and acquaintances will see their name on our board thanking them for their referral, which is visible to the public.

Financial Agreements

It is your payment that allows us to continue to provide high levels of professional care, maintain our facility, and pay our staff. If for any reason you can't keep your financial agreement, inform us immediately to eliminate any misunderstandings. We will make every attempt to make affordable arrangements. If you become delinquent with your payments, you must bring your account current before new financial arrangements can be made.

Patient Rights

- You have the right to request that this office place additional restrictions on disclosure of your protected health information.
- You have the right to request that we amend your Protected Health Information, request much be in writing.
- You have the right to receive all notices in writing.
- Upon written request you have right to access, review or receive copies of your healthcare records. There is a copy fee of $0.35 per page and this office will need 7-10 working days to process it.

Please contact me if you have questions, complaints, or want more information. If you are not satisfied with the manner which this office handles your complaints you may submit a formal complaint to the U.S. Department of Health and Human Services.

This notice is effective as of April 1, 2010.

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, acknowledge that I have received the Notice of Privacy Practices, which describe the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the office.

This practice has attempted to provide each patient with a statement of Privacy Policies

Patient Signature _____

Date: _____