

COMMONWEALTH UROLOGY

NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how medical information about you may be used, disclosed and how you can gain access to this information. A Federal Regulation, known as the "Health Insurance Portability & Accountability Act (HIPAA)", requires that we provide notice in writing of our privacy practices. These privacy practices are in place to maintain the privacy of your protected health information (PHI). Commonwealth Urology may disclose PHI for the purposes of treatment, payment, and to operate the practice. The following are some examples, and do not imply an exclusive list.

Examples of uses and disclosures for treatment: If the doctor refers you to another physician for continuation of treatment, we may provide your name and the reason for your referral to the doctor's office. The doctor or his staff may call you to advise you of treatment alternatives or recommendations.

Examples of uses and disclosures to obtain payment: Our billing office may submit a claim that contains your name, address, social security number, diagnosis, and procedure(s) performed by our physicians to your insurance company.

Examples of uses and disclosures to operate the practice: Our staff may call you or email you with reminders and leave messages about upcoming appointments, our staff may leave messages for you on your telephone and/or ask you to return the call, the physicians may audit (read and comment upon) your chart to track and improve our performance in assuring that we perform screening test on time.

Commonwealth Urology is permitted or required to use or disclose PHI without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health requirements and court orders.

Commonwealth Urology will not make any other disclosure of your PHI, other than for the aforementioned purposes of treatment, payment, or practice operation, without the individual's written authorization. Such authorization may be revoked by you at any time. Revocation must be in writing.

You have the following rights regarding your PHI, and the practice must act on your request within 60 days: You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction, you may request to inspect and copy your own PHI, you may request that your information be amended, you may request a paper copy of this notice.

If you would like to authorize us to release your medical information to someone other than yourself, please complete the following: I authorize Commonwealth Urology to release confidential medical information pertaining to my care to the following people. I understand that it is my responsibility to notify Commonwealth Urology in writing, if this authorization information changes.

This HIPPA Form will allow confidential medical information to be obtained by my: (list names)

Spouse: _____ Parent(s): _____

Son/Daughter: _____ Other: _____

If No one (Put a check here): _____

Patient/Guardian Signature

Printed Name

Date