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## NOTICE OF PRIVACY PRACTICES

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### **Policy**

The office gives “a Notice of Privacy Practices” to each individual we treat. That Notice is mandated by HIPAA and we must have the individual sign a “Receipt of Notice of Privacy Practices” and keep that receipt in the individual’s file; or if we cannot obtain a signature, we must make a good faith effort to obtain an individual’s written acknowledgment of the Notice (by mail for example).

### **Exceptions**

There are certain exceptions for notice by group health plans (insurance issuers and HMOs) that do not apply to this office. There are other certain exceptions that apply only to inmates. Other than those defined in 164.520(a), all other provisions of this policy must be adhered to.

### **References**

164.502(i) Uses and disclosures consistent with Notice  
164.520 Notice of privacy practices of protected health information  
Notice of Privacy Practices

### **Procedure**

An individual has a right to adequate notice of uses and disclosures of protected health information that this office may make. An individual also has a right to adequate notice of his or her rights and this office’s legal duties with respect to protected health information. In order to ensure the above-referenced administrative requirements are met, the following process must be strictly adhered to:

1. This office has described in our Notice and we provide it, written in plain language, to every individual we treat. We provide that Notice upon first provision of care or whenever an individual requests a copy. We have a sign mentioning the Notice and the individual’s right to obtain it posted in a prominent place, in an easy-to-understand format.
  - a. In addition to individuals, every employee of this office and our Business Associates, will receive a copy of our Notice; they will be given an opportunity to ask questions in order to fully understand its provisions. Employees and Business Associates are required to adhere to the provisions set forth in our Notice and will be sanctioned for failure to adhere.
2. Our Privacy Official is responsible for retaining copies of our Notice and any subsequent revisions for a period of six years from the date it was created or the date it was last in effect, whichever is later.

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3. Our Notice contains the following:
  - a. "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY."
  - b. A description (including at least one example) of the types of uses and disclosure that we are permitted to make for treatment, payment, and healthcare operations.
  - c. A description of the other purposes for which this office is permitted or required to use or disclose protected health information without the individual's written consent or authorization.
  - d. The description of any use or disclosure must reflect any state law that is more stringent than this policy as defined in 164.520.
  - e. Any description from above must include sufficient detail to place the individual on notice of the uses and disclosures that are permitted.
  - f. A statement, that other uses and disclosures will be made only with the individual's written authorization and that the individual may, under certain conditions, revoke such authorization.
4. If we intend to engage in any of the following activities, the notice must contain the following:
  - a. This office may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual;
  - b. We may contact the individual to raise funds for this office;
  - c. If the individual is covered by a group health plan, that plan may disclose protected health information to the sponsor of the plan.
5. The notice must contain a statement of the individual's rights with respect to protected health information and a brief description of how the individual may exercise those rights, a follows:
  - a. The right to request restrictions on certain uses and disclosures of protected health information, including a statement that we are not required to agree to such a requested restriction. (164.522(a))
  - b. The right to receive confidential communications of protected health information.
  - c. The right to inspect and copy protected health information.
  - d. The right to amend protected health information.
  - e. The right to receive an accounting of disclosures of protected health information.
  - f. The right of an individual, including an individual who has agreed to receive the notice electronically, to obtain a paper copy of the notice from this office upon request.

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6. The notice must contain about our duties:
  - a. A statement that we are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information;
  - b. A statement that we are required to abide by the terms of the notice currently in effect; and
  - c. A statement that we reserve the right to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. This part of the statement must also describe how we will provide individuals with a revised notice. The Notice must state that changes will be annotated and a copy provided.
7. The notice must contain a statement that individuals may complain to this office (and to the secretary of HHS) if they believe their privacy rights have been violated; a brief description of how the individual may file a complaint against this office, and a statement that the individual will not be retaliated against for filing a complaint.
8. The notice must contain the name or title and telephone number of a person or office to contact for further information.
9. The notice must contain the date on which the notice is first in effect, which may not be earlier than the date on which the notice is printed or otherwise published.
10. In addition to the information required by this policy, if we elect to limit the uses or disclosures that we are permitted to make, we may describe are more limited uses or disclosures in this notice, provided that we do not include in our notice a limitation affecting our rights to use or disclosure information as provided by 164. 512(j)(l)(i). The notice also includes a statement if we make any changes to uses and disclosures to protected health information created or received prior to issuing a revised notice.
11. This office will promptly revise and distribute our notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices defined in the notice. Any such change may not be implemented prior to the effective date of the notice in which such material change is reflected.

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12. This office will make our "Notice of Privacy Practices Letter" available on request to any individual with whom we have a direct treatment relationship:
  - a. We will provide the notice no later than the date of the first service delivery, including service delivered electronically, to such individual after the compliance date for the covered healthcare provider.
  - b. This office will have the Notice available at the service delivery site for individuals to request to take with them, and we will post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from us to be able to read the notice. Whenever this notice is revised, will make the notice available upon request on or after the effective date of the revision.
13. Our website will prominently post this Notice and make it available through the website. We may also, if we choose, make the Notice available to individuals by e-mail (if the individual agrees to electronic notice). If for some reason the electronic transmission fails, we will provide the individual with a paper copy of the Notice; we will require signature upon personal delivery of the Notice or request a signature by sending a request for acknowledgement by mail. We will provide the Notice automatically in response to an individual's first request for service.
14. This office may comply with this section by a joint notice, but only if we participate in organized health care arrangements, and if the Notice meets the conditions set forth in this policy.
15. This office will document compliance with the notice requirement by retaining copies of the Notices we issue.

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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This notice summarizes how health data about you may be used and shared and how you can get access to this data. **IMPORTANT NOTE:** This does not include all of the details about our privacy policy. For more details, please read the NOTICE OF PRIVACY PRACTICES that your practitioner will provide to you.

- I. How we may use and share health data about you:
  - a) Treatment – To give you medical treatment or other types of health services.
  - b) Payment – To bill you or a third party for payment for services provided to you.
  - c) Health Care Operations – For our own operations, such as quality control, compliance monitoring, audit, etc.
  
- II. Disclosures where we do not have to give you a chance to agree or object.
  - a) To you
  - b) As required by federal, state, or local law
  - c) If child abuse or neglect is suspected
  - d) Public health risks (for public health activities to prevent and control the spread of disease)
  - e) Lawsuits and disputes (in response to a court or administrative order)
  - f) Law enforcement (to help law enforcement officials respond to criminal activities)
  - g) Coroners, medical examiners, and funeral directors
  - h) Organ or tissue donation facilities if you are an organ donor
  - i) To avert a threat to an individual or to public health safety
  
- III. Disclosures where we have to give you a chance to agree or object:
  - a) Patient directories – You can decide what health data, if any, you want to be listed in patient directories.
  - b) Persons involved in your care or payment for your care – We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.
  
- IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.
  
- V. You have the following rights relating to the health data we keep about you:
  - a) Right to inspect your health record and to receive a copy of your health record, upon request.
  - b) Right to amend information in your health record you believe is inaccurate or incomplete
  - c) Right to know to whom we have disclosed your health information
  - d) Right to ask for limits on the health information data we give out about you
  - e) Right to receive communication from us about your health information in alternate ways
  - f) Right to a paper copy of the complete Notice of Privacy Practices

I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES of this practice.

\_\_\_\_\_  
Signature of Patient or legal guardian

\_\_\_\_\_  
Date

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Print Patient/Guardian Name

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Patient Date of Birth