

## **NOTICE OF CONFIDENTIALITY PRACTICES**

**IMPORTANT:** This notice deals with sharing of information from your medical records. Please read it carefully.

This notice describes your confidentiality rights as they relate to information from your medical records and explains the circumstances under which information from your medical records may be shared with others. The information in this notice also applies to others covered under your health plan, such as your spouse or children. If you do not understand the terms for this notice, please ask for further explanation.

### **YOUR RIGHTS**

Under the new law, you have the right to:

- Inspect and request copies of your medical records or to appeal any denial of your request for inspection or copying.
- Request that your healthcare provider append information to your medical record when their confidentiality practices are substantially amended.
- Obtain a copy of this office's confidentiality practices.

### **USE OF INFORMATION**

This office uses your protected health information to provide you with healthcare services. Under the law, your health information may also be used by such entities as health plans for the following purposes:

- Payment to physicians and hospitals that provide you with healthcare services.
- Conducting quality assurance activities or outcomes assessments.
- Reviewing the competence or qualification of healthcare professionals.
- Performing accreditation, licensing, or credentialing activities.
- Analyzing health plan claims or healthcare records data.
- Carrying out utilization management.
- Conducting or arranging auditing services in accordance with statute, rule, or accreditation requirements.

Except for the purposes outlined above, your health information may not be disclosed without your authorization.

### **LIMITING DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

You have the right to limit disclosure of your protected health information if you chose to not use any health insurance or other third party payment as payment for services. In which case, you may only limit disclosure if you have advised the physician prior to the delivery of services and have paid for healthcare services yourself.

Patient's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_