RELEASE OF INFORMATION

HIPPA NOTICES OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCES TO THIS INFORMATION. PLEASE REVIEW CAREFULLY,

Original Effective Date: April 14, 2003

Last Revised Date: January 31, 2025

The Health Insurance Portability' & Accountability Act of 1196 (HIPPA) is a federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept property confidential. This Act gives you, the patient, the right to understand and control how personal health information (PHI) is used. HIPPA is provided for covered entities that misuse personal health information.

As required by HIPPA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may create and distribute health information (with shared Electronic Health Records) by removing all references to individually identifiable information.

We may use and disclose your medical records only for each of the following purposes, treatment, payments and health care operations.

- Treatments mean providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this would include referring to a different specialist.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing, or collections activities and utilizations review. An example of this would be to include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, public health and safety issues, health research, state and federal law compliance, organ and tissue donation requests with medical examiner or funeral director, worker's compensation, law enforcement, government request and lawsuit/legal actions. .

The following use and disclosures of PHI (Patient Health Information) will only be made pursuant to us receiving written authorization from you:

- Most uses and disclosures of Psychotherapy notes use and disclosure of your PHI (Protected Health Information) for marketing purposes, including subsidized treatment and health care operations.
- Disclosure that constitutes a sale of PHI (Patient Health Information) under HIPPA
- Other uses and disclosures not described in this notice

You may revoke such authorizations in writing, and we are required to honor and abide by that written request; except to the extent that we have already taken actions relying on your authorization.

NOTICE OF PRIVACY PRACTICES CONTINUED

You may have the following rights with respect to your Protected Health Information

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a restrictions request except to limited circumstances which we shall explain if you ask. If we do agree to the restrictions, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information.
- The right to inspect and copy your PHI
- The right to have your PHI amended
- The right to receive an accounting of disclosures of our PHI
- The right to obtain paper copy of the notices
- The right to be activated if your unprotested PHI is intentionally or unintentionally disclosed
- The right to be advised if your unprotected PHI intentionally or unintentionally disclosed

If you have paid for services "out of pocket" in full request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

This notice is effective as of January 1, 2025, and it is our intention to abide by the terms of those Notice of Privacy Practices and HIPPA Regulations currently in effect. We reserve the right to change the terms of Notice of Privacy Practices and to make the new notice provision effective for all PHI that we maintain.

HIPPA ADDITIONAL AUTHORIZED POINTS OF CONTACT

I GIVE PERMISSION TO Veritas Family Medicine to DISCLOSE AND DISCUSS ANY INFORMATION RELATED TO MY MEDICAL CONDITION(S) &/OR BILLING TO/WTTH THE FOLLOWING PEOPLE(S):

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

BLANK LINES MEANS I DO NOT WISH TO GIVE PERMISSION FOR MY HEALTH INFORMATION TO BE DISCLOSED AND DISCUSSED WITH ANY OTHER PEOPLE.

THE DURATION OF THIS AUTHORIZATION IS INDEFINITE UNLESS OTHERWISE REVOKED IN WRITING. I UNDERSTAND THAT REQUESTS FOR MEDICAL INFORMATION FROM PERSONS LISTED ABOVE IS AUTHORIZED BY ME SIGNING BELOW.

I ACKNOWLEDGE THAT I WAS PROVIDED NOTICE OF PRIVACY PRACTICES OF THIS MEDICAL PRACTICE.

PATIENT SIGNATURE: _____ **DATE:** _____