

## NOTICE OF PRIVACY PRACTICES

In 1996, Congress passed the HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA). This law requires our office to develop a policy on how information on your health can be used or disclosed. We are required to share it with you. This notice describes how your medical information may be used and disclosed and how you may gain access to this information. Please review the following carefully.

**USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:** Your health information may be disclosed during the following instances.

**TREATMENT:** Your health information may be disclosed to a physician, their staff, or other healthcare providers providing treatment to you.

**PAYMENT:** Your health information may be used to obtain payment for services rendered to you. Examples include, but are not limited to, insurance companies for claims, audits, utilization review, preauthorization of services and coordination of benefits with other insurers and collection agencies.

**PERSONS INVOLVED IN YOUR CARE:** Your health information may be disclosed when allowing a person to pick up samples of medication, medical notes, medical disability forms, prescriptions, and medical records already released to you.

**HEALTHCARE OPERATIONS:** Your health information may be used regarding precertification of a surgical or diagnostic procedure, verifying insurance benefits and upon your written request to do so, releasing information to another insurance company.

**YOUR AUTHORIZATION:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it, in writing, at any time. Information will be released within 30 days from the date of request.

**TO YOUR FAMILY:** Your health information may be disclosed to your family only if needed to help you with your healthcare or with payment for your healthcare.

**EMPLOYER AND DISABILITY FORMS:** Your healthcare information may be disclosed to your employer and on all disability forms related to time off work (only with your written request to do so). All information will have to be picked up in our office. We will not fax this information, as we do not want your information to reach the wrong hands.

**COMMUNICATIONS:** Your healthcare information may be used to provide you with appointment reminders, schedule changes, reports, and surgical information. We may use voicemail and answering machines at home or work, when necessary. Information may be left on your cell phone, if this is the only means of reaching you. The only time we will disclose your protected health information without your written consent would be for public health requirements or by court order.

**PATIENT RIGHTS:** You may always look at or get copies of your health information. A written request must be made to obtain access to your health information. A list of instances in which we have disclosed your health information, for any reason other than treatment, payment, and healthcare operations, may be obtained.

**RESTRICTIONS:** You may always request that we place restrictions on your health information. We will be happy to agree to this restriction, when possible.

**QUESTIONS AND COMPLAINTS:** If you want more information about our privacy practices, or have questions, or concerns, or if you are concerned that your privacy rights may have been intruded upon, or you disagree with a decision that we have made about your health information, you may contact Ben Stickman, our Office Administrator, at (847) 247-0187. You may also write to the US Department of Health and Human Services.