



**Consent for Release and Use of Confidential Information  
Notice of Privacy Practices**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") 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 properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

"Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices if you call the office and request that a revised copy be sent to you in the mail or if you ask for one at the time of your next appointment.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**1. Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your PHI for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your PHI as described in this Section. Your PHI may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment, for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your PHI that we are permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

- a. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- b. Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits or reviewing services provided to you for medical necessity.
- c. Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of our medical practice. These uses and disclosures are necessary to run our medical practice and make sure that all of our patients receive quality care. For example, we may use your PHI to improve our quality.
- d. Communication: We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**2. Uses and Disclosures of Protected Health Information Based Upon Your Consent, Authorization or Opportunity to Object**

Other uses and disclosures of your PHI will be made only with your consent or authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**3. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- a. Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- b. Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**4. Required Uses and Disclosures**

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office. You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Signature \_\_\_\_\_ Date: \_\_\_\_\_