

# NOTICE OF PRIVACY PRACTICES

**This notice describes how your personal healthcare information may be disclosed or used by this office. Please read this notice carefully. If you have any questions please contact our Privacy Officer. After reviewing this document, you will be asked to sign that you have received this notice.**

**This office is required to abide by the terms of this Notice of Privacy Practices. The terms may change at anytime and the revised notice will apply to all protected health information maintained at that time. You may request a revised copy of this notice by calling our office.**

This office has taken reasonable steps to safeguard the privacy and confidentiality of your Protected Health Information (PHI). The staff of this office will only use your health information for the intended patient care purpose. Conversations among staff members that reference your information will be conducted in a confidential and professional manner.

**1. In Accordance with 45 CFR Section 164.508 (c) – HIPAA**

This office will need to access your protected health information for purposes of treatment, payment and operations (TPO) in accordance with State and Federal Law.

- **USING & DISCLOSING INFORMATION FOR TREATMENT PURPOSES**  
To maintain high quality healthcare, it will be necessary to share protected health information with all members of your treatment team. This can include employees in this office as well as other providers.
- **USING & DISCLOSING INFORMATION FOR PAYMENT PURPOSES**  
Necessary information will be shared with appropriate payer sources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our internal billing personnel to have access to protected health information to carry out their job functions.
- **USING & DISCLOSING INFORMATION FOR OPERATIONS PURPOSES**  
Necessary information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.
- In general you will have the right to review and copy your protected health information as well as amend your record. Some exceptions include, but are not limited to: psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding.
- You have the right to request a restriction for the disclosure of your protected health information for treatment, payment, or operations. This office is not required to agree to the request, but will do so at our discretion.
- You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.
- You have the right to request an accounting of the disclosures made of your protected health information by this office. This only applies to disclosures made for purposes other than treatment, payment, or operations.

**My signature below indicates that I have received a copy of this “Notice of Privacy Practices” and that if I have any questions regarding this notice that I can discuss with the designated Privacy Officer.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date