

Patient Copy - Notice of Privacy Practices/ HIPAA COMPLIANCE

While we have always kept your health information secure and confidential, a new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment or for payment of your services. For example, we may send a report to your referring doctor or your insurance company.

We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to transfer copies of your health information to another practice. We will mail your files to you, you can pick them up from the office, or visit secure patient portal.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Please make any requests or statements for your file in writing.

Please ask us if you would like a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the
Department of Health and Human Services,
200 Independence Avenue, S.W. Room
509F, Washington, DC 20201.

You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our office 704-663-2091.

Your signature on HIPAA release form acknowledges receipt of this policy.