



# HIPPA Form

Client Name: \_\_\_\_\_

## **NOTICE OF PRIVACY PRACTICES: HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

My signature below indicates that I have been provided with a copy of this Notice of Privacy Practices.

Signature of client: \_\_\_\_\_

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

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and tool with which we can assess and work to
- improve the care we render and the outcomes we achieve

This Notice describes how health information about you as a client of this practice may be used and disclosed, and how you can get access to your health information.

*We reserve the right to change this Notice in the future.*



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## Your Health Information Rights:

Although *your health record is the physical property of the healthcare practitioner or facility that compiled it*, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of this Notice
- Inspect and obtain a copy your health record as provided for in 45 CFR 164.524  
*You must submit your request in writing and we are entitled to charge a copying fee for this service*
- Ask us to amend your health record as provided in 45 CFR 164.528  
*Your signature and explanation are required*
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Revoke your authorisation to use or disclose health information except to the extent
- that action has already been taken.

If you have questions or would like additional information, you may contact the Director of Health Information Management.

If you believe your privacy rights have been violated, please discuss it with me.

You can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services.

There will be no penalty for filing a complaint.

## **My Commitment**

I am committed to maintain the privacy of your health information, as required by law.

We will not use or disclose your health information without your authorisation, except as described in this notice.



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## Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment within our practice.

With your consent, we will also provide your outside physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you as well.

We will use your health information for payment.

For example, to obtain insurance benefits for you, forms may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We may use your health information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

### Outside Medical Services:

We may disclose your health information to other providers so that they can perform the job we've asked them to do, and so that they can bill you or your third party payer for services rendered.

So that your health information is protected, however, we require these providers to appropriately safeguard your information.

### Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for you, care, your location, and general condition.

### Communication with Family:

Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.



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## **Other:**

We may disclose health information to funeral directors, organ procurement organisations, correctional institutions, public health authorities, workers compensation programs, law enforcement, and/or the Food and Drug Administration consistent with applicable law to carry out their duties.

## **Legal Proceedings:**

Your health record may be subpoenaed through the legal system.

## **Public Health and Safety:**

We may provide medical information about you if required by law, or to prevent serious threat to public health and safety.

## **Research:**

We may disclose information 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 health information.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.