

HIPAA PRIVACY NOTICE (CONDENSED VERSION)

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION. A full version is posted in the office and on our website.

POLICY STATEMENT

This Practice is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers.

USE OR DISCLOSURE OF PHI

The Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Practice

Care – We may discuss your care with providers within this office and other doctors you may be seeing.

Payment – In order to get paid for some or all of the health care provided by the Practice, the Practice may provide your PHI, directly or through a billing service and your insurance company.

AUTHORIZATION NOT REQUIRED

The Practice may use and/or disclose your PHI, without a written Authorization from you in certain instances as only allowed by law. These instances are fully described in the full version of the Privacy Statement.

AUTHORIZATION

As a rule, we will NOT give out your PHI without you’re authorization.

APPOINTMENT REMINDER

We may provide you with an appointment reminder in the form of a phone call, postcard or text message.

TREATMENT ALTERNATIVES/BENEFITS

The Practice may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you through letters or e-mail.

YOUR RIGHTS

You have certain rights as required by law which are fully spelled out in the full version.

PRACTICE’S REQUIREMENTS

The health care office:

- Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice upon request.