

HIPPA Notice of **Privacy Practices**

Patient Name \_\_\_\_\_

Date. \_\_\_\_\_

The practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. This notice describes our privacy practices. You can request a copy of this notice at any time.

Treatment. Payment. Health Care Options:

**Treatment**

The practice is permitted to use and disclose your medical information to those involved in your treatment. In coordinating your care, we may also send correspondence to your physician.

**Payment**

The practice is permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment for your Insurer. The form will contain medical information, such as the description of medical service provided to you that your insurer needs to approve payment to us. Also, we may use your information to verify benefits through your insurance company. Other examples include the use of your information to collect past-due balances, including referring necessary information to an outside collection agency.

**Health Care Operations**

The practice is permitted to use of disclosing your medical information for the purposes of health care operations, which are activities that support our best efforts operationally to ensure that quality care is delivered. Healthcare operations include, but are not limited to, compliance and quality assurance, **including** the auditing of records.

**Disclosures That Can be Made Without Your Authorization**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object.

In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you chose to sign and authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any

Patient Name: \_\_\_\_\_

Revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

**Public Health, Abuse or Neglect, and Health Oversight** We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths) or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition. We may also disclose your medical condition to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Regulations also permit disclosure of information to report abuse or neglect of elders or disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities include audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

**Legal Proceedings and Law Enforcement** We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the following information:

1. Is released pursuant to legal processes such as warrant or subpoena.
2. Pertains to a victim of crime and you are incapacitated.
3. Pertains to a person who has died under circumstances that may be related to criminal conduct.
4. Is about a victim of crime and we are unable to obtain the person's agreement.
5. Is released because of a crime that occurred on these premises; or
6. Is released to locate a fugitive, missing person, or suspect

## **Policy Regarding leaving Phone Messages and Appointment Reminders**

It is the policy of the practice to contact you by phone when the need arises. We also commonly provide appointment reminders via telephone or text or email. If you are unavailable, we will leave a message so that you may contact us. It is our policy to be discerning and discrete without compromising the delivery of prompt, quality medical care. We may leave a message on a home answering machine, business or mobile voice mail or leave a message with an individual answering your home telephone.

### **Our Promise to You**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### **Questions and Contact Person for Requests:**

If you have any questions about your Rights under federal Privacy Regulations Policy Regarding Leaving Phone Messages, or Complaints please contact.

Ronald B. Moss M.D.

Name of Patient \_\_\_\_\_

Date of Visit \_\_\_\_\_

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