

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATIONM ABOUT YOU MAY BE UDED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

**PURPOSE OF THIS NOTICE:**

Our office respects the privacy of personal information and understands the importance of keeping this information confidential and secure. This notice describes our privacy practices with respect to your health information. Our privacy practices apply to current and former patients.

**Types of Personal and Health Information We Collect:**

We collect a variety of personal and health information when delivering health care. You provide some of this information when you initially come into the office (such as address, Social Security number, and health history). We also receive additional personal and health information (such as eligibility) through our transaction with employers, insurance companies and other health care providers. We limit collection of personal information to that which is necessary to administer our business, provide quality service, and meet requirements.

**How We Protect Personal and Health Information:**

We treat personal and health information securely and confidentially. We limit access to personal information to ONLY those persons who need to know that information to provide services to patients (for example, our billing clerks and medical assists). These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable law. We meet physical, electronic and procedural security standards to protect personal and health information and maintain internal procedures to promote the integrity of accuracy of that information.

**Disclosure of Personal and Health Information:**

We may share any of the personal and health information we collect (as described above) with our associates as permitted by law. We may also disclose this information as permitted by law include our attorneys, accountants and auditors, a patient's authorized representative, other healthcare providers, public health authorities, coroners, medical examiners, funeral directors, and organ donation organizations, Institutional Review Boards for research purposes, third party administrators, Insurers, and law enforcement or regulatory authorities. We may also disclose any of the personal and health information we collect (as described above) in order to provide appointment reminders or give you information about other treatments or health related benefits and services that may be of interest to you. In addition, in the event that this office is sold or merged with another office, your personal and health information will become the property to any third party without a patient's request or authorization.

**Individual rights to Access & Correct Personal & Health Information:**

We have procedures for a patient to access the personal and health information we collect, and other than information we collect in connection with, or anticipation of a lawsuit or legal claim, we will make this information available to this patient upon written request. Or patient can also print off their health information via their patient portal in FollowMyHealth.

Our goal is to keep our patients information up to date and to correct inaccurate information. We have procedures in place to ensure the integrity of our information and for the timely correction of incorrect information. If you believe that any personal or health information we have about you is not accurate, please let our office know.

**Further Information:**

The practice reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, the practice is required by law to comply with this Notice.

**CONSENT FOR TREATMENT AND BILLING:**

By signing the form below you are not only complying with our HIPAA policies but are giving consent for treatment by the physician and/or mid-level provider for your care. This includes but is NOT limited to office visits, ultrasounds, injections, bloodwork, cultures, swabs, urine testing and genetic testing. Most of these tests are run through a third party lab that are contracted to draw in our office but we have NOTHING to do with the billing side of these labs. It is the patients' responsibility to know their insurance benefits, coverage and out of pocket cost. If you have a billing problem you will need to contact the lab that your bill is from directly NOT the office. This consent is good for 1 year and will expire 1 year from the date of being signed.

\_\_\_\_\_  
Patient Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date