Print Form

NOTICE OF PRIVACY PRACTICES FOR MALLORY OSTEOPATHIC FAMILY PRACTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY.

At Mallory Osteopathic Family Practice, we will always keep your healthcare information secure and confidential. We are required by law to continue maintaining the privacy of your health information, also known as "Protected Health Information" or PHI, to give you this notice and to comply with this notice.

Federal HIPPA Privacy Rule does not require your authorization prior to using or disclosing your health information for TREATMENT, PAYMENT, or HEALTHCARE OPERATIONS.

The law permits us to use or disclose your PHI to those involved in your treatment. For example, a review of your file by a specialist doctor or healthcare practitioner who may be involved in your care.

We may use or disclose your PHI for payment-related activities. For example, we may send a report of your progress to your Insurance Carrier or to our business associates who perform claim-processing services for us. We have a written contract with each business associate that requires them to protect your privacy.

We may also use or disclose your PHI for our normal health care operations. For example, one of my staff will file or enter your information into a computer.

We may use your information to contact you. For example, we may 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 phone.

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 federal, state or local law.

If this practice is sold, your PHI will become the property of the new owner.

Except as described above, this practice will not use or disclose your PHI without your prior WRITTEN AUTHORIZATION. You may request in writing, at any time, that we not use or disclose your PHI as described above, and you may revoke, at any time, a previously written authorization. We will let you know if we can fulfill your request. Some areas and circumstances are mandated to us.

You have the right to know of any uses or disclosures we make with your PHI beyond the above normal uses. You also have the right to ask us to limit how we use and disclose your PHI as long as the request does not conflict with what we are required or authorized to do.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You need to tell us your preference.

You have the right to see and receive a copy of your PHI, with a few exceptions. You must give us a written request addressed to our Privacy Officer regarding the information you want to see. In certain situations, we may deny your request. If we do, we will tell you in writing the reasons for the denial and explain your right to have the denial reviewed. If you want a copy of your records, we will charge a reasonable fee for the copies. X-rays and similar test results will be charged to you at our cost.

You have the right to request an amendment or change to your PHI if you believe that the information we have is incorrect or incomplete. You must submit your request in writing addressed to our Privacy Officer. If you wish to include a statement in your health file, please give it to us in writing. We may or may not be able to make the changes you request. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information. If we deny the requested amendment, we will tell you in writing and instruct you how to submit a statement of disagreement.

You have the right to transfer copies of your PHI to another practice. We will mail your files for you.

You have a right to receive a copy of this notice.

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

If you have any questions or comments about our privacy practices or want information or assistance regarding your PHI privacy, please contact our Office Manager.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary, Department of Health and Human Services, 200 Independence Ave, SW, Room 509F, HHH Building, Washington D.C., 20201. You will not be retaliated against for filing a complaint.

This notice goes into effect as of April 14, 2003.

Acknowledgement

I have received a copy of the Mallory Osteopathic Family Practice Notice of Privacy Practices.

Signed _____ Print Name _____ Date _____

If signing as a parent or guardian, please note the name of the patient _____