**PATIENT FINANCIAL AGREEMENT & ACKNOWLEDGEMENT OF OFFICE POLICIES**

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Notice of Privacy Practices for Protected Health Information

**This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please read it carefully.**

At Mallory Family Wellness, 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, by providing you this notice and to comply with this notice.

Mallory Family Wellness is permitted by federal HIPPA privacy laws to use and disclosure your electronic health record for purposes of medical treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Please review the examples below on how your Health Information may be used at Mallory Family Wellness.

**PHI for Medical Treatment:**

* Medical staff obtains medical treatment information about you and documents into your electronic health record.
* During medical treatment, the provider may consult with a specialist who may be involved in your medical care.

**PHI for Payment Purposes:**

* We submit medical claims to cost share plans (e.g. Liberty Healthshare, Medishare)
* We may use or disclose your PHI for payment-related activities.
* We may send medical notes along with the claims for claim-processing or utilization review for authorization.
* Is not part of the health information kept by our clinic;
  + Is not part of the information that you would be permitted to inspect and copy or is accurate and complete.
* Transfer your PHI to another practice.
* You have a right to receive a copy of this privacy notice.

**PHI for Health Care Operations:**

* We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines, training programs, credentialing, medical utilization review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.
* If this practice is sold, your PHI will become the property of the new owner.

**Your Health Information Rights**

The health and billing records we maintain are the physical property of Mallory Family Wellness. Your medical record belongs to you. You have a right to:

* Know of any uses or disclosures we make with your PHI beyond the above normal uses.
* Request a restriction on certain uses and disclosures of your health information by providing a written request to our clinic – we are not required to grant the request, but will carefully consider it.
* See and receive a copy of your PHI and billing record, with a few exceptions. You may exercise this right by completing a Medical Records Release Request. We charge a reasonable fee for the copies. In certain situations, we may deny your request. If we do, we will notify you in writing with the reasons for denial. You may revoke, at any time, a previously written release.
* Appeal a denial of access to your PHI information, except in certain circumstances; request that your PHI be amended to correct incomplete or incorrect information by delivering a written request to our clinic. We may deny your request if you ask us to amend information that;
  + was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

**Our Responsibilities**

**The clinic is required to:**

* Maintain the privacy of your health information as required by law;
* Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
* Abide by the terms of this Notice;
* Notify you in writing if we cannot accommodate a requested restriction or request; and
* Accommodate your reasonable requests regarding methods to communicate your health information with you.
* We reserve the right to amend, change or eliminate provisions in our privacy practices and access practice information and to enact new provisions regarding the PHI we maintain. If we amend any of the details of this notice, you are entitled to receive a revised copy provided to you in writing.

**To Request Information or File a Complaint**

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.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the clinic.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

**Other Disclosures and Uses of PHI**

**Communication with Family, Relatives or Friends**

* Using our best judgment, we may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person’s involvement in your medical care or payment for such care if you do not object or in an event of an emergency.
* Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care regarding your location, your general condition, or your death.

**Public Health**

* Asauthorizedby law, we may disclose your protected health information to public health or legal authorities in charge of or preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

**Abuse & Neglect**

* We may disclose your protected health information to public authorities as required by law to report abuse or neglect.

**Workers Compensation**

* If you are seeking medical care for a work-related injury, we may disclose your PHI to the extent necessary to comply by and with the laws of the Workers Compensation Act.

**Other Uses**

* Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization previously provided in the Notice listed under “*Your Health Information Rights*”.

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Please print Legal Name Date of Birth

**I hereby acknowledge that I read and/or received Mallory Family Wellness Notice of Privacy Practices.**

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Signature of Patient/Responsible Party Date

**Documentation of Good Faith Efforts**

**To obtain patients’ acknowledgement that they received Mallory Family Wellness’ Notice of Privacy Practices**

(For use when acknowledgement cannot be obtained from the patient.)

The patient presented to the clinic on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was provided with a copy of Mallory Family Wellness Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

\_\_\_\_\_ Patient refused to sign the Notice of Privacy Practices.

\_\_\_\_\_ Patient was unable to sign or initial because:

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\_\_\_\_\_ The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

\_\_\_\_\_ Other reason (describe below):

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Signature of Employee Completing Form Date