



## Notice of Privacy Practice

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

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the notice of privacy practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the owner of this practice.

### **Who will follow this notice:**

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information for treatment, payment purposes or health care operations described in the notice. The minimum necessary information needed to accomplish each task will be shared.

### **How we may use and disclose medical information about you.**

The following categories describe different ways that we may use and disclose medical information, however not every possible use or disclosure may be listed.

**For Treatment.** We may use medical information about you to provide you with medical treatments or service.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example we may need to send your protected health information, such as your name and address, office visit dates and codes identifying your diagnosis and treatment to your insurance company for payment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operation to assure that you receive quality care.

We may contact you to provide appointment reminders or information about treatments alternatives or other health related benefits and services that may be of interest to you. We may also contact you about any outstanding balances via mail or phone to your contact information.

Patient Name (printed)

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Date of Birth

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Patient Signature

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Date

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Parent/Guardian Signature (if patient is under the age of 18.)

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Date

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