

# Center For Family Medicine

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## PRIVACY PRACTICE NOTIFICATION

The Health Insurance Portability Act of 1996 (HIPAA) is a federal program that requires all medical records and other identifiable health information used or disclosed by a Center for Family Medicine physician in any form, whether electronically, on paper, or orally are kept properly confidential. This ACT gives you significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing, or collection activities, and utilization review.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

We may contact you to provide appointment reminders, or information about treatment alternatives or other health related issues and services that may be of interest to you. Any other disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to abide by your written request except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you may exercise by presenting a written request to our "Privacy Officer."

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or other persons identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information. There is a charge of \$25 for the first 20 pages and \$.50 per page thereafter for copies.
- The right to amend your protected health information. You must make your request in writing to the privacy manager.
- The right to receive an accounting of disclosures of protected health information. You may request once annually with no charge. There is a \$25 charge for all subsequent requests.
- The right to receive a paper copy of this notice upon request.

To file a complaint please notify "The Department of Human and Health Services, Office Civil Rights" 200 Independence Ave. S.W. Washington, D.C. 20201 or call 1-877-696-6775.

I hereby authorize Center for Family Medicine to furnish information to insurance carriers concerning my illness and treatments. I also assign any benefits to Center for Family Medicine for services rendered by the physician. I understand that I am responsible for any amount not covered by insurance.

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Signature

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Date

➤ Other Side