

HIPPA Awareness Form

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you would like a detailed copy of our Notice of Privacy Practices, we will gladly provide it to you upon request.

By signing this you understand and agree that your Personal Health Information (PHI) will be used in the following ways:

For Treatment: we may use and disclose your PHI to any healthcare provider to assist them in treating you.

For Payment: we may use and disclose your PHI for payment purposes.

Correspondence: We may call your home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out typical practice operations (TPO). We may mail to your home or other designated location any items that assist the practice in carrying out TPO, as long as they are marked personal and confidential. We may also, email you at home or other designated location any items that assist the practice in carrying out TPO. Items that may assist the practice include but are not limited: appointment reminder cards and patient statements.

You have a right to:

- Look at or get a copy of your health information. You must make your request in writing.
- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request additional restrictions on our use disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do so, we will abide by our agreement (except in case of emergency).
- Request that we communicate with you by different means or to different locations. Your request must be made in writing to our privacy officer.
- Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons.

I have reviewed the above information and have been given an opportunity to read the detailed Notice of Privacy Practices if I requested to do so.

Signature _____ Date _____
Patient OR Legal Guardian (if a minor)

At your next visit the doctor will go over the vital and valuable information found during today's exam and consultation. It is our policy that your spouse or both parents be present at your report of findings.