



NOTICE OF PRIVACY PRACTICES Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Below is information about the Privacy Rule, a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy. Our practice does comply with HIPAA regulations.

Uses and Disclosures of Protected Health Information:

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, which may identify you and that, relates to your past, present or future physical or mental health care services. You will be asked by our receptionist to sign acknowledgement of this information. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, the Physician and/or staff will use or disclose your protected health information as described below:

Your health information may be used and disclosed by your physician, our office and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Your Health Information Rights:

Although your health record that was compiled by this facility is the physical property of the practitioner or facility, you are entitled to this information. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of this notice as well as a paper copy of your health record. If you believe your rights have been violated, you have the right to file a complaint to the secretary of Health and Human Services. All diagnostic testing results will not be disclosed by telephone.

Our Responsibilities:

This facility is required to maintain the privacy of your health information as well as providing you access to this notice of our privacy practices. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosure of Your Record: We *may* use your health information for the following:

Treatment, Payment, Our Business Associates and Health Care Providers, Communication with Family, Research, Funeral Directors, Food & Drug Administration, and Worker's Compensation, Public Health, Law Enforcement and all others indicated in the Privacy Act.

The following categories describe unique situations in which we *may* disclose your Individually Identifiable Health Information:

Public Health Risks, Lawsuits and Similar Activities Organ and Tissue Donation Military, Worker's Compensation Research, Health Oversight Committees Deceased Patients, Serious Threats to Health or Safety, National Security Inmates, Law Enforcement



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A federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy.

What is HIPAA and how does the Privacy Rule affect you? The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to comply with this regulation. Under the Privacy Rule, you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

What is Individually Identifiable Health Information? Any health information you provide to our practice, including your mailing address. Information that is created and retained by our practice or received from another healthcare provider that relates to your treatment, healthcare operations, payment and/or that identifies you as an individual.

What is the Notice of Privacy Practice? Our official Notice of Privacy Practice is posted in our reception area and you may ask for a copy at any time. It informs our patients about their rights surrounding the protection of their Individually Identifiable Health Information and our obligations concerning the use and disclosure of such information. This notice applies to all records created, obtained or retained by our practice. We may update our Notice of Privacy Practices at any time.

What are your rights concerning your Individually Identifiable Health Information? You have rights regarding the Individually Identifiable Health Information that we maintain about you. The policies and procedures for the following circumstances are listed in our Notice of Privacy Practices:

1. Confidential Communications
2. Requesting Restrictions
3. Inspection and Copies
4. Amendment
5. Accounting of Disclosures
6. Right to a Paper Copy of this Notice
7. Right to File a Complaint
8. Right to Provide an Authorization for Other Uses and Disclosures

* For more detailed information visit the Department of Human Services Notice of Privacy Practices at: dhs.ri.gov

I have read and have been informed of how to obtain more information regarding the practice's Notice of Privacy.

Signature: _____ **Date:** _____
Patient or Representative

If signed by Representative, relationship to patient: _____

