

PRIVACY PRACTICES OF THIS OFFICE

Patient Name: _____

The federal government has implemented a new policy called the Health Insurance Portability and Accountability Act (HIPAA). Along with that Policy, we are providing you with the Notice of Privacy Act to review. It will be provided to you with this form and will be placed in the Reception Area.

The following are routine practices of this office:

- 1) This office will refer to you by "Sir or Madam" or if warranted, we will use your last name only when calling you to the reception window or forwarding you to an exam room.
- 2) This office may call you at home to remind you of an appointment and will indicate the time/date and the physician.
- 3) Our office may contact you at home with results or return you call. Should there be an answering machine, we may leave a message. Should the message be too detailed or important, we will ask that you return our call.
- 4) If a spouse or family member calls on your behalf, we will disclose necessary medical health information. Should someone other than family member or spouse contact this office, we will not disclose any health information unless written documentation is given to do so. You also have the right to revoke such authorization in the future.
- 5) This office will not fax any health information to your place of employment.

Should you have a question or concern with the above use and disclosure of your health information, you may discuss this with the Privacy Officer in this office. Should there be exceptions to the above use of your medical information, please notify the Receptionist.

By signing this form, I acknowledge the receipt of the Notice of Privacy and understand the Office Policy followed in this office.

Date

Patient or Guardian Signature