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{ } **NEW PATIENT**

{ } **ESTABLISHED PATIENT**

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have been presented with a copy of Delta Clinic's Notice of Privacy Practices for Protected Health Information, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information:

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

Please print patient's name: _____ Date of Birth: _____

Signature: _____ Date: _____

If not signed by patient, please indicate relationship to patient (e.g. spouse).

Relationships: _____ Witnessed by: _____

OFFICE USE ONLY:

Patient or patient's representative refuses to sign acknowledgement or receipt of notice, please document the date and time the notice was presented to patient and sign below.

Presented on (date and time): _____

By (name and title): _____

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

If you consent, our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- ◆ A nurse obtains treatment information about you and records it in a health record.
- ◆ During the course of your treatment, the physician determines that he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

- ◆ We submit requests for payment to your health insurance company. The health insurance Company or business associate helping us obtain payment, requests information regarding your medical care given. We will provide information to them about you and the care given.

Example of use of your information for health care operations:

- ◆ We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your protected health information:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office – we are not required to grant the request but we will comply with any request granted.
2. Obtain a paper copy of the "Notice of the Privacy Practices for Protected Health Information" by making a request at our office.
3. Right to inspect and copy your health record and billing record – you may exercise these rights by delivering the request in writing to our office using the form we provide to you upon request; appeal a denial of access to your protected health information except in certain circumstances.
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments). You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
5. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in course of providing care.
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request.

If you want to exercise any of the above rights, please contact Hope Patterson, Privacy Officer, in person or in writing during normal clinic hours. She will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this notice before signing the consent authorizing the use and disclosure of your protected health information for treatment, payment, and health operations purposes.

OUR RESPONSIBILITIES

The Office is required to:

- ◆ Maintain the privacy of your health information as required by law.
- ◆ Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- ◆ Abide by the terms of this notice.
- ◆ Notify you if we cannot accommodate a requested restriction or request.
- ◆ Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provision in our privacy practices and access practices and to enact new provision regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a copy of the notice by calling to requesting copy of by visiting our office and picking up a copy.

If you have questions, or would like additional information, or want to report a problem regarding the handling of your information, you may contact Hope Patterson, Privacy Officer, at the Delta Clinic. Additionally if you believe that your privacy rights have been violated, you may file a written complaint at our office by delivering a written complaint to The Office Manager. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services, whose street address and e-mail address is:

Mike Leavitt, 200 Independence Ave SW, Washington, DC 20201

www.HHS.Mail@hhs.gov.

- ◆ We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from our office.
- ◆ We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Following is a list of other uses and disclosures allowed by the privacy rule.

Patient contact: We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may contact you as part of a fund raising effort.

Notification – Opportunity to agree or object: Unless you object we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with family: Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other personal identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in any emergency.

Disaster relief efforts: We may use and disclose your protected health information to assist in disaster relief efforts.

PUBLIC HEALTH ACTIVITIES

Controlling Disease - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Child Abuse and Neglect - We may disclose protected health information to public authorities as allowed by law to report child abuse or neglect.

Food and Drug Administration - We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products, and product defects, or post-marketing surveillance information to enable protective recalls, repairs, or replacements.

Work Related - Delta Clinic health care providers working for an industry performing medical surveillance or evaluating whether the individual has a work related injury or illness may disclose your personal health information pertaining to the work related injury or illness to the employer if the employer needs the findings in order to comply with OSHA regulations.

Victims of abuse, neglect, or domestic violence - We can disclose protected health information to government authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

Oversight Agencies - Federal law allows us to release protected health information to appropriate oversight agencies or health oversight activities to include audits, civil, administrative, criminal investigations, inspections, licensures, or disciplinary actions, and for similar reasons related to the administration of healthcare.

Judicial/Administrative Proceedings - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law with your consent or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery requires, or other lawful process.

Law Enforcement - We may disclose your protected health information for law enforcement purposes as required by law; such as when required by a court order, including laws that require reporting of certain types of wounds or other physical injury.

Coroners, medical examiners, and funeral directors - We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ procurement organizations - Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation or transplant.

Research - We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Threat to Health and Safety - To avert a serious threat to health or safety we may disclose your protected health information consistent with applicable law to prevent or lessen a serious or imminent threat to the health or safety of a personal or the public.

For Specialized Governmental Functions - We may disclose your protected health information for specialized government functions as authorized by law such as to the Armed Forces personnel for national security purposes or to public assistance program personnel.

Correctional Institutions - If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Workers Compensation - If you are seeking compensation through Workers Compensation, we may disclose your protected health information to an extent necessary to comply with laws relating to Workers Compensation.

Other uses and Disclosures - Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization, which may revoke except to the extent information or action has already been taken.