

## **Dr. Michael Smith Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- understand who, what, when, where, and why other may access your health information
- make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **Our Responsibilities**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

Acknowledgement of Receipt  
Of  
Notice of Privacy Practices

I, \_\_\_\_\_ have received a copy of Dr. Michael  
Smith's Notice of Privacy Practices.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date)

For Office Staff Only

To be filled out if patient's signature not obtained

Our office made a good faith effort to obtain Acknowledgement of Receipt of our Notices of Privacy Practices, but it could not be obtained for the following reason:

\_\_\_\_\_ Patient refused to sign

\_\_\_\_\_ Emergency situations kept us from obtaining the patient's signature

\_\_\_\_\_ Other