
AGE: DOB:
PT ID:
SURGEON:
DATE OF SURGERY:



Notice of Privacy Policies

This Notice describes the health information about you that may be listed and disclosed, and how you can get access to your health information. This is a required Privacy Regulation resulting from the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191). Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and provide a copy of this information to you.

We may use and disclose your health information in the following ways:

1. Physicians and staff may use or disclose information in order to treat you or assist others in your treatment. We may also disclose your health information to others who may assist in your care, such as spouse, parents, or children.
2. Our practice may use your health information to bill and collect payments, including your insurer or any third parties that may be responsible for such costs. We may also use your health information to bill you directly for services and items.
3. Our practice will use and disclose your health information if we are required by law.
4. We may call you for appointment reminder purposes. Please advise us if you do not want use to call and leave appointment reminder messages at your home, answering machine, or with coworkers at your place of work. We will make all efforts to keep this information confidential.

Your rights concerning your health information:

1. You can request that our practice communicate with you about your health and related issues in a particular manner. We will do our best to accommodate all reasonable requests.
2. You can request that we restrict our use of your health information for treatment, payment, or health care operations, as well as the release of this information only to certain individuals. We are not, however, required to agree to your request in certain circumstances.
3. You have the right to inspect and obtain a copy of your medical and billing records. You must submit your request in writing to your physician. You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, you must supply us with a reason to support your request.
4. If you believe your privacy rights have been violated, you may file a complaint with our office or practice. If you have any questions about this policy notice, please contact your physician's Privacy Officer or secretary at (602) 542-1025.

By signing this document, I acknowledge that I have read and understand its contents and have received a copy of this document prior to the date of my surgery:

Signature of Patient / Responsible Party / Legal Guardian

Date

Relationship to Patient