

## **Carolyn M. Walsh, M.D., PLLC**

### **NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPPA) was implemented for health care reform to 1) protect health insurance coverage when one changes employment, 2) reduce medical fraud and abuse, 3) enforce standards of health information and 4) guarantee patient security and privacy. This notice describes how medical information about you may be used and disclosed. We also describe your rights and our obligations regarding the use and disclosure of health information. By law we are required to give you this notice which covers the staff in our practice. This notice also extends to other locations should you need treatment elsewhere.

#### **Our rights regarding your health information:**

- 1) We may use your health information to provide you medical treatment and this information may be disclosed to other clinical support staff involved in your care.
- 2) We may use and disclose your health information to bill for treatment and services and collect payment from you.
- 3) We may use your health information to contact you to remind you of appointments or possible treatment options that may benefit you.
- 4) With your consent, we may disclose your health information or a person who is involved with your medical care of the payment of your medical care such as a family member or a close friend.
- 5) We will disclose your medical information as required to do so by international, federal, state, or local laws. We may disclose your health information for public health activities subject to the jurisdictions that pertain to appropriate government authorities. We may disclose your health information to agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.
- 6) In the event of a lawsuit that involves you, we will disclose your health information in response to a court order, warrant or subpoena.

#### **Your rights regarding your health information:**

- 1) You have the right to inspect a copy of your health information. We reserve the right to charge you a fee for the cost of copying, mailing, or use of other supplies related to your request.
- 2) You have the right to request an amendment to your medical record if you feel the information is incorrect or incomplete. We will not destroy or alter previously documented information, but will make amendments associated with previously dated material as deemed medically necessary.
- 3) You have the right to request to limit the use or disclosure of your health information we use for treatment, payment, or health care operations and you also have the right to request to limit the use or disclosure of health information we give to those involved with your care or payment of your care. We are not required to agree with your request but if we are in agreement, we will comply with your request unless we terminate our agreement or the information is necessary to provide you with emergency care.
- 4) You have the right to request confidential communications and express the way you would like to be contacted. It is your responsibility to specify how you prefer to be contacted.
- 5) You have a right to obtain a copy of this privacy notice.

#### **Attestation:**

I acknowledge that I was provided with a copy of The Notice of Privacy Practices for Carolyn M. Walsh, M.D., PLLC.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_