



HIPAA NOTICE OF PRIVACY PRACTICES

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. Federal law requires Dr. Vande Vrede to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose you.

Healthcare Operations: We may also use your protected health information in the following situations without your authorization. These situations include but not limited to: As Required by Law, Public Health Issues as required by Law, Communicable Diseases, Abuse, Neglect or Domestic Violence, Food and Drug Administration requirements, Legal Proceedings (lawsuits/disputes), Health Oversight Activities by Government Agencies (including inspections/audits), Law Enforcement/Criminal Activity, Worker's Compensation, National Security and Intelligence Activities, Public Safety/Emergencies, and Specialized Government Agencies.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES WILL BE MADE ONLY WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT UNLESS REQUIRED BY LAW.

Your Rights:

You have the right to revoke this authorization/notice, at any time, except to the extent that your healthcare professional has taken an action in reliance on the use or disclosure in the authorization. You have the right to a paper copy of this Notice at any time upon request. Requests may also be made for an electronic copy.

You have the right to inspect your PHI. Under federal law; however, you may not have or inspect the following records, psychotherapy/psychiatric notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding and PHI that is subject to law that prohibits access.

You have the right to request restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply. However, the law does not require Dr. Vande Vrede to agree to the requested restriction if your health care professional believes it is in your best interest to permit use and disclosure of your PHI. You then have the right to use another healthcare professional.

You have the right to amend your individually identifiable health information, unless Dr. Vande Vrede did not create such information or unless Dr. Vande Vrede determines that your medical record is accurate and complete in existing form.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201. No one will retaliate or taken action against you for filing a complaint.

I acknowledge I have received this Notice of Privacy Practices and understand my rights contained in this notice.

Client's Name: _____

Client's Signature: _____ Date: _____