



## HIPAA Notice of Privacy Practices

Your health information is private and protected by the Office of Civil Rights through the Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA. HIPAA is a federal law that sets rules for health care providers and health insurance companies by restricting who can view and receive your health information. This also includes rights over your own health information, like the right to get a copy of your information, ensure it is correct, and know who has seen it. The HIPAA Privacy Rule provides individuals the right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. This notice serves to provide a clear explanation of these rights and practices.

### Your Rights

You can request an electronic or paper copy of your medical record and other health information we have about you for a cost-based fee. We will provide a copy or summary of your health information within 30 days of your request. If you feel that there is incorrect or incomplete information, you may contact us with a written request to correct it. Please note that while we reserve the right to deny this request, we will also make sure to contact you with an explanation within 60 days.

You may choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

You also have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. To request a restriction, please do so in writing and we will contact you within 30 days of your request.

You can contact us with a complaint, should you feel we have violated your rights in any way. We will try our best to address your concerns but if you feel your needs have not been met, you may also file an official complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/), sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775.

### Our Uses and Disclosures

We typically use or share your health information in the following ways:

- We may share your health information with other health care professionals who are also treating you. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside our office, who need the information to provide you the best medical care possible.
- We may share your health information with your insurance plan to request payment for your services.
- We may use your health information in our practice to better manage your treatment and services. These uses and disclosures are necessary to operate and manage our practice so that all



of our patients receive quality care. For example, we may share information with other entities that have a relationship with you, like your health plan.

We may also disclose your health information under these special circumstances:

- We may share your health information with our business associates when it is appropriate for them to perform necessary functions such as billing services on our behalf.
- We may share your health information in compliance with the law if local, state or federal laws demand it.
- We may share your health information while working with a coroner, medical examiner, or funeral director when an individual dies
- We may also share health information about you for Workers' Compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- If you are an organ donor, we may use or release health information to organizations that handle procurement, banking or transportation of organs.
- If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court order, an administrative order, or in response to a subpoena.
- In certain cases it may be required of us to share your information in ways that contribute to the public good, such as public health and research. Some examples include: preventing disease, helping with product recalls, reporting adverse reactions to medications, or reporting suspected abuse, neglect, or domestic violence. We have to meet many conditions before we can share your information for these purposes. For more information, please see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/>

We are required by law to maintain the privacy and security of your protected health information. This means that we will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

We will not use or share your information with anyone other than as described here unless you tell us we can in writing. If you choose this option, please remember you may change your mind at any time.

Effective Date: February 2, 2015



I have received a copy of the Notice of Privacy Practices as required by HIPAA from Aruna Nathan MD PA, and understand my rights with regard to my personal health information disclosure.

My signature below confirms that I have read and understand these privacy practices.

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(Patient's Signature)

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(Printed Name)

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(Date)