

HIPAA / Notice of Health Information Practices Form

MedStop is committed to using your protected health information responsibly. This form is designed to notify you of the personal information we collect, as well as how we use that information. In addition, this form lists your rights, pertaining to your protected health information.

Protected health information is any personally identifying information pertaining to your care at our office. Examples of your protected health information include but are not limited to your name, date of birth, social security number, health history, credit card number, etc.

Uses and Disclosures

1. We use your protected health information for examination and assessment purposes to determine eligibility for care, to determine an appropriate treatment plan, to document your visits, to document your progress, etc.
2. For visits that we bill your insurance for, we will supply your protected health information to your insurance company for payments/reimbursements.
3. We use your health information for our normal business operations, including but not limited to quality assurance reviewed, chart reviews, provider consultations, teaching and training for providers and staff employed by our clinic.
4. We may send your protected health information to outside businesses in order to facilitate your treatment plan, including but not limited to, laboratories, imaging facilities, hospitals, doctors' offices, transcription services, medical supply companies.
5. We may disclose your protected health information to family members, personal representatives, guardians, persons responsible for your care, your overall health condition, as well as your physical location.

Other Uses and Disclosures, Permitted Without The Patient's Written Authorization

1. Disclosures for specialized governmental purposes.
2. Disclosures to avert a serious threat to safety or health.
3. Disclosures for law enforcement purposes.
4. Disclosures for judicial and administrative purposes.
5. Disclosures for reporting victims of abuse, neglect, or domestic violence.
6. Disclosures for cadaveric organ, eye, or tissue donation purposes.
7. Appointment reminders.
8. Requests for you to contact our office related to appointments, payments, medical findings, etc.
9. We may send you written notice about your medical findings.
10. We may contact you about your treatment plan, alternatives to your treatment plan, other services offered by our clinic that may be of benefit to you, etc.

Individual Rights

1. You have the right to request restrictions on certain uses and disclosures of your information.
2. You have the right to revoke your authorization to use or disclose protected health information, except to the extent that that action has already been taken.
3. You have the right to receive confidential communications.
4. You have the right to obtain a copy of, or inspect your protected health information.
5. You have the right to amend protected health information.
6. You have the right to receive an accounting of disclosures of protected health information.

MedStop's Rights

1. Our office has 30 days to fulfill your request to review or copy your protected health information. Our office is allowed an additional 30 days, if your records are maintained off site.
2. Our providers have the right to review your record and remove any information that they deem to be harmful either to the patient, or to another individual.
3. You will be supervised by MedStop staff, during any review of the record. Supervision is allowed and required, in order to prevent the removal or altering of the medical record. MedStop will charge you a fee for the time required by staff to perform this service.

MedStop's Duties

1. Our office is required by law to maintain the privacy of confidential information, and to provide our patients with notice of our legal duties and privacy practices, regarding your protected health information.
2. Our office is required to abide by the terms of this notice.
3. Our office reserves the right to change the terms of this notice, and to make the new notice provisions effective for all documentation that we maintain. Any revisions to this notice will be posted in our patient waiting area and/or on our company website.

4. The effective date of this notice is 04/23/2016.

Complaints

You may complain to the Office Manager, or the HIPAA compliance staff member in writing to office address. You may also contact the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. S.W., Rm 509F, HHH Building, Washington D.C. 20201. For further information, please contact the Office Manager, or our HIPAA compliance staff member to schedule a meeting.

I confirm that I have received MedStop's Notice of Privacy Practices, and that I have been provided time to review it. I also confirm, by signing below, that I understand MedStop's privacy practices, and that I do not have any questions at this time.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____