

## Formal Privacy Requirements

You have complete privacy of your records with the exceptions of threat to life of either yourself or someone else that is of "serious" nature, child abuse, court cases where your record is "court ordered", or you have given permission to your insurance company to have this information. Most, if not all, insurance contracts give the insurance company access to your information if they choose. Your records otherwise will not be released or shared with anyone without your specific written permission.

PHI refers to protected health information, and consists of personal identification, past and present health care, and the "general" nature of services provided to you. While the rules seem liberal in disclosing PHI information as I understand them, I will be quite conservative in the use of this information. Only in the case of an emergency or as stated above, would I disclose your PHI to anyone without your permission. In accordance with the law, your PHI may be released without your authorization for treatment, payment, or other healthcare operations. I will make every attempt to notify you and discuss this under routine circumstances. You may see your PHI at any time, once developed (as it is a new process. Requirements of HIPPA suggest this process be in writing in order to track the process. If you see an error in the PHI and want to amend it or correct it, you have that right.

Your records are in a locked office under lock and key. David E. Myers is the person responsible for the confidentiality of your records. If you have any questions or complaints about privacy, you may direct these to him either verbally or in writing. If verbal discussion is inadequate, you may formally object to a privacy issue. You may also direct any complaints to the Secretary of Health and Human Services at 200 Independence Ave, SW. Washington, DC, 20201. There will be no consequences for you if you should take this action.

All insurance transactions with your name involved will be done by mail, electronically or in the event of treatment requests, FAX. FAX treatment requests have limited information attached, and you have the right to inspect these before any are sent.

I acknowledge the receipt of this notice and understand its meaning.

Signature \_\_\_\_\_