

Myrtle Ridge Family Medicine

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you are a patient at Myrtle Ridge Family Medicine, personal medical information, including health history, is collected.

Your privacy rights

- The right to receive a paper copy of this Notice of Privacy Practices at any time.
- The right to inspect and copy your protected health information
- The right to an accounting of all uses and disclosures of your protected health information.
- The right to ask for restrictions to be placed on certain uses and disclosures of your health information, such as disclosures to family members. We are not required to honor your request.
- The right to ask that your protected information be amended.
- The right to ask that we communicate with you about confidential medical information in certain ways, such as only at work or by mail. We are not required to honor your request.

You personal medical information is used in:

- the assessment and treatment of your condition
- submitting claims to health insurers

When necessary to the course of your treatment, your medical information may be disclosed to:

- other health care providers
- medical testing facilities
- ancillary service providers
- persons responsible for your health care, such as a parent or nurse
- health insurers
- billing organizations

Your medical information may also be disclosed to:

- Law enforcement officials, to prevent a serious threat to your health and safety, or that of another person.
- Court officials, to comply with a court order or subpoena
- Public Health or other state agencies as provided by law, such as abuse reporting laws or laws to report certain diseases.
- Coroners or funeral directors, for a Death Certificate
- Organ tissue donation organizations, if you are an organ donor

Uses and disclosures for purposes not covered by this Notice will be made only with your written authorization. You may revoke an authorization at any time.

You have the right to file a complaint if you believe there has been a problem with the handling of your protected information. Please contact our Office Manager.

We have the right to change this Notice in the future. If revised, the new Notice of Privacy Practice will be posted in the waiting room.