

# NOTICE OF PRIVACY PRACTICES



Our practice has implemented a program of Health Information Privacy Policies and Procedures to protect the interest of you, our valued patients. These are based on the requirements of the Health Insurance Portability and Accountability Act, H.I.P.A.A., under the Department of Health and Human Services.

As of April 14, 2003 all Healthcare Providers are required to post this notice and to make a good faith effort to obtain signed consent from their patients. This Consent form is legally necessary for us to assist you with tasks, such as but not limited to, Insurance pre-approval and filing, medical consultations, if necessary, laboratory coordination, prescription calls to pharmacies and even appointment reminders.

## Disclosure of Health Information

We have routinely taken every reasonable step to insure the privacy of our patients and will always continue to do so. In order to help assist you with the processing of your personal health / treatment information, insurance filings and other aspects of your interaction with our practice, it may be necessary to disclose health information on you and/or your family.

## Right to Request Restrictions

You have the right to request that certain restrictions be placed on the disclosure of your health information. Your request for Restrictions must be made in writing. We are happy to assist our patients with all reasonable requests for restrictions, however, our practice does reserve the right not to accept a request. Should we accept your request for additional restrictions, we will abide by this agreement except in case of an emergency.

## Consultation and Treatment

The information you provide us, diagnostics and treatment plans, may be disclosed, to any other healthcare provider(s) our practice deems necessary. In emergency circumstances, we will use our experience with common practices and professional judgement to make disclosure and/or inferences of your best interest directly relevant to the person's involvement in your healthcare. We will exercise the same professional judgement in allowing any person to pick up x-rays, charts or other similar forms of health information.

## Disclosure Record

After April 14, 2003, you have the right to request an accounting of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities. If you request the accounting more often than once a year, a reasonable, cost-based fee will be charged to you.

We support your right to the privacy of your health information. If you have any further questions about our Health Information Privacy Policies and Procedures, please inquire at the reception desk.

*Dr. Lovin and Associates*