

HIPPA PRIVACY NOTICE FOR FLINT HILLS FAMILY MEDICINE

PATIENT NAME _____
NOTE: PLEASE PRINT

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

- 1. Uses and Disclosures:** Flint Hills Family Medicine is permitted by law to disclose the minimum necessary personal health information of each patient to carry out treatment, payment and health care operations of the medical office. For treatment purposes, such disclosures may be made to physicians and other health care providers as necessary to effectuate the appropriate treatment and care of patients. Personal health information may be disclosed to the government or other third party payors for the purpose of obtaining payment for services provided. Flint Hills Family Medicine may also use personal health information to carry out the medical offices day to day operations such as scheduling, quality review and appointment reminders. A list of other examples of disclosures can be obtained from the Privacy Officer upon request
- 2. Required Authorizations:** Flint Hills Family Medicine will not disclose any patient’s personal health information for any purpose aside from payment, treatment and health care operations, without patient’s authorized consent to such disclosure. Upon request for such authorization, patient shall have the right to refuse and/or revoke any disclosure of patient’s personal health information.
- 3. Privacy Compliance:** In accordance with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164 (the “Privacy Regulations”), Flint Hills Family Medicine has adopted privacy policies regarding usage of patients’ personal health information. Flint Hills Family Medicine is committed to compliance with the Privacy Regulations and all other laws and regulations regarding patients’ right to privacy.
- 4. Additional Information:** For additional information regarding Flint Hills Family Medicine privacy policy or for a copy of this notice, please contact our Privacy Officer. Flint Hills Family Medicine reserves the right to change this Notice and to make the revised and changed notice effective for medical information that the medical office already has about you, as well as any information the medical office receives in the future. We will post a copy of the current notice at Flint Hills Family Medicine. The notice will contain the effective date that you filled out the registration form.

The following signature acknowledges that I have received notification of my privacy rights concerning the use and disclosure of protected health information as defined by the Privacy Regulations.

The following signature acknowledges that I have received a copy of this Notice.

_____ **Date** ____/____/_____
Signature