

## **Notice of Privacy Practices and Rights and Responsibilities Regarding Protected Health Information (PHI)**

As a patient, you have the **right** to:

- review my office privacy policy and procedures upon request
- expect that your PHI is reasonably safeguarded
- request, within reason, any additional safeguards
- discuss any privacy or PHI concerns with Dr. Schull.

You also have the right to see and obtain copies of any medical records in my possession. You may request corrections if you identify any errors or mistakes in your records. Generally I am able to provide copies or access within 30 days of your request. I may charge you or your agent a fee for copying and/or sending your records.

As a patient, you have the **responsibility** to:

- acknowledge receipt of this Notice
- read and understand this Notice
- provide a means for Dr. Schull to contact you within a reasonable time
- raise privacy concerns as soon as possible and in a reasonable manner

Dr. Schull has the responsibility to:

- inform you, via this Notice, of what you can reasonably expect regarding your PHI
- maintain your PHI in a confidential and secure manner as required by the standards of the Health Insurance Portability and Accountability Act (HIPAA)
- comply with requests for additional privacy measures if such requests can be reasonably accommodated
- act as or designate a Privacy Officer to whom you may go regarding privacy concerns.

PHI can include your name, address, Social Security number, or any other piece of information that could be used to identify you personally. In general, I shall obtain your consent before using or releasing your PHI. **However, please be informed that under HIPAA it is NOT necessary to obtain your consent for activities involved in treatment, payment or operations.**

Examples of “treatment” include:

- providing, coordinating, and managing health care
- consultation with another practitioner who is also involved in your care
- referring you to another practitioner

Examples of “payment” include:

- billing
- collection activities

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Examples of “operations” include:

- quality assessment & improvement
- case management, care coordination, or peer review
- accreditation, licensing, and credentialing
- legal services, accounting, and auditing functions
- business planning
- selling, merging, or consolidating with another practice

I will not use your PHI for purposes not related to your health care unless I have your written consent. For example, you would have to sign a specific authorization before I could release your medical information to a life insurer, a bank, a marketing firm, or another outside business for purposes not related to your health care.

At times I will leave messages on your answering machine or answering service. This is generally to either remind you of an appointment or to let you know I’d like to discuss your ongoing care. Usually I will leave my name, office phone number, and a brief message describing either the appointment or stating that I’m following up on your care. I make all attempts to refrain from identifying your condition, if any, on a phone answering machine or service. You have the right to ask that messages not be left at a particular number, and you have the responsibility to provide me with a means by which I may contact you.

A state law may require certain disclosures, such as reporting an infectious disease outbreak to public health authorities or disclosure in an emergency situation. In such a case, I may be required to report your personal information, and federal privacy regulations and HIPAA do not preempt the state law.

You may file a formal complaint regarding the privacy practices of myself, another practitioner, or a covered health plan. Such complaints can be made directly to the practitioner or health plan or to the Health and Human Services’ Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. You can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

Please sign below to indicate receipt of this Notice:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name