

Notice of Privacy Practices- Short Version

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.

By law, I am required to maintain the privacy of your personal health information.

Uses and Disclosures:

1. Treatment- Your health information may be used or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing, and providing treatment
2. Payment- Your healthcare information may be used to seek payment from your health plan or other sources of coverage.
3. Healthcare Operations- Your health information may be used or disclosed in order to perform necessary business functions and improve healthcare services to you. This includes but is not limited to consultants or other business associates who help with billing, computer support, transcription services, and licensing and management activities.
4. Law Enforcement- Your health information may be disclosed to law enforcement agencies to support government audits and inspection, to facilitate law enforcement investigations, and to comply with government mandated reporting (for example, lawsuits, legal or court proceedings and worker's compensation cases or similar benefit programs).
5. Public Health Reporting- Your health information may be disclosed to public health agencies as required by law. For example, I am required to report certain communicable diseases to the state's public health department.
6. Release of Information- Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any disclosure of information that occurred before you notified me of your decision to revoke your authorization. Your authorization to release your information is effective for one year from the date it was signed.

If you have questions or concerns regarding this notice or my privacy practices, please contact me at 763-432-4070.

Client or Parent/Guardian Signature

Date

