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## **Notice of Privacy Practices**

### **PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain patient consent for use and disclosure of health care information about the patient, to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. When it is appropriate and necessary, we provide the minimum necessary information to those we feel need your health care information to provide treatment, payment or health care operations that is in your best interest.

We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

In addition to above, your consent below authorizes any employee or designee of Lenita Hanson, M.D., P.A. to call your home or designated locations and leave a message on voicemail or by person in reference to any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminders, insurance items and any call pertaining to your clinical care, including laboratory results among others.

Your consent also authorizes any employee or designee of Lenita Hanson, M.D., P.A. to mail or fax to your home or other designated locations any items that may assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminder cards, demographics, insurance information and billing statements as long as they are marked confidential.

Your consent also authorizes any employee or designee of Lenita Hanson, M.D., P.A. to e-mail to your home or other designated locations any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminders and billing statements.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures. You have the right to inspect and copy your protected health information. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

We also want you to know that we support your full access to your personal medical records. You may submit a written refusal to consent to the use or disclosure of your personal health information. You have the right to request restrictions and revoke your consent in writing at a later date. You may not revoke actions that have already been taken which relied on this consent. You may have the right to amend your protected health information.

Lenita Hanson, M.D., P.A. reserves the right to revise its Notice of Privacy Practices at any time. Under this law, we have the right to refuse to treat you, should you refuse to sign this consent. Should you have any questions, please ask to speak with our HIPAA Compliance Officer.