



RELEASE OF INFORMATION

Telephone number where we can best reach you: _____

May we leave a voicemail message at the above number regarding **NORMAL** test results?

(circle) **YES** **NO**

We will always speak to you directly about **ABNORMAL** test results.

Please list below the **name(s)** and **phone number(s)** and **relationship to you** of individuals with whom we may discuss your medical information:

	NAME	PHONE NUMBER	RELATIONSHIP
1.			
2.			

Your signature below acknowledges that you have received the Notice of Privacy Practices and the Release of Information.

Print name: _____ Signature: _____

Date: _____



WE MUST OBTAIN YOUR WRITTEN AUTHORIZATION FOR ANY USE OR DISCLOSURE NOT SET FORTH IN THIS NOTICE. You may revoke this authorization any time. In addition to obtaining your written authorization for uses or disclosures not described in this Notice, we generally will need to seek your written authorization prior to disclosing the following information:

HIV/AIDS information

Sexually transmitted disease information

Tuberculosis information

Psychotherapy notes

Mental health information

Drug and alcohol information

Genetic information

Any information where you, if a minor, sought emancipated treatment

We will also seek your written authorization for any “marketing” activities we may conduct.

WHAT RIGHTS DO YOU HAVE FOR YOUR PHI? You have the right to ask us to limit certain uses and disclosures of your PHI. We will consider ALL requests but may not be *required* to agree to your requested limitations. You also have the right to inspect and receive (for a reasonable, cost-based fee) copies of your PHI, the right to request a change or amendment be made to your PHI, the right to be notified of a breach of our unsecured PHI, the right to an accounting of certain disclosures of your PHI, and the right to revoke any authorization you may have made to the extent we have not yet relied upon it. You also have the right to request a paper copy of this Notice.

CAN WE CHANGE THIS NOTICE? We may change this Notice at any time. The revised Notice will apply to all PHI that we maintain. We will make the revised Notice available to you by posting it at our Front Desk.

ADDITIONAL INFORMATION/COMPLAINTS: You may contact our Practice Manager if you want additional information or have questions concerning this Notice or your PHI. If you feel that your privacy rights have been violated, you may also contact the Practice Manager or file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or the Office for Civil Rights.

THE ABOVE IS A SUMMARY OF THE RIGHTS AND OBLIGATIONS WITHIN THIS NOTICE. THE ENTIRE NOTICE IS AVAILABLE FOR YOUR REVIEW AT THE FRONT DESK. WE WELCOME ANY QUESTIONS YOU MAY HAVE.



SUMMARY OF THE NOTICE OF PRIVACY PRACTICES

Effective Date: October 2014

WHAT IS THIS NOTICE FOR? This Notice of Privacy Practices (Notice) describes how Family Care (FC) may use and disclose your medical information that we maintain and how you can get access to this information.

WHO ARE WE? FC is a medical practice which consists of all physicians, nurses, employees and other healthcare professionals. This notice applies to all services that are provided to you at FC.

WHY DO YOU NEED THIS NOTICE? The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for the Economic and Clinical Act, places certain obligations upon us with regard to how we may use and disclose your **protected health information** (PHI). Your PHI includes medical information about you such as your medical record and the care and services you have received. We are committed to maintaining the privacy of your PHI. When we need to use or disclose it, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request.

WHEN CAN WE USE/DISCLOSE YOUR PHI There are certain uses and disclosures of your PHI that we may undertake **without your written or other authorization**. These uses and disclosures may be for purposes such as to provide you with treatment, obtain payment for services we have provided, and other health care operations (such administration, quality improvement, cost studies and other activities designed to improve the care we provide to all our patients). Individuals who may have access to your information **without your written or other authorization** may include doctors, nurses, other FC staff, health care students and other similarly qualified individuals involved in your care. Some other examples include: PHI made known to your relatives, close friends or caregivers; public health activities and officials; reporting of abuse or neglect as may be required by law; health oversight activities; judicial and administrative proceeding; law enforcement officials; workers' compensation; and other individuals and activities as set forth in this Notice.