

PATIENT RECORDS PRIVACY NOTICE

This office is committed to maintaining the privacy of your health information. The following points are a summary of how your health information will be protected. You may request to view the complete version at our office.

- 1.) We will not release any information about you to any other medical professional or medical office without your written consent.
- 2.) In order to file insurance for you, we will bill electronically through a protected service, or by mail directly to the insurance company. If your insurance company asks questions about your care, we will give them reasonable information to help get your claim paid.
- 3.) We will release information to your personal representative or other person(s) you choose.
- 4.) By law, we may need to disclose information in the event of life-threatening situations, national crisis as deemed necessary by the Center for Disease Control (CDC), as required by the court system, or Federal Government.
- 5.) We may, occasionally, need to contact you about appointment times, or other office-related issues. We may contact you at home or your place of work. We may leave a message with the person answering the phone, or on your home answering machine. We will not leave messages on office voicemails.
- 6.) We will release appointment time information to immediate household members should they inquire.

Please sign below to verify that you understand the above.

Name

Date

Signature