

## Notice of Privacy Practices

Our practice is required by law to follow the practices described in this summary. This is a summary of our Privacy Practices, but does not replace the full version, which you have also received. This notice describes how medical information about you may be used and disclosed, as well as how you can obtain access to this information. This notice also applies to personal health information that we have about you, and which are kept in or by our medical practice. Neither this summary nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Officer for this medical practice.

### Who has access to your personal information?

*We may use your personal health information to:*

- Plan your treatment and services.
- Submit bills to your insurance, Medicaid, Medicare, or a third party payer.
- Obtain approval in advance from your insurance company to determine whether payment for the treatment is covered by your plan or to facilitate payment of a referring physician.
- Perform healthcare operations such as sharing your information with business associates who need to use or disclose your information to provide a service for our medical practice (such as our billing company).
- Exchange information with other State agencies as required by law.
- Treat you in an emergency.
- Treat you when there is something that prevents us from communicating with you.
- Send you appointment reminders whenever possible.
- Research additional information that may be helpful to your care.
- When there is a serious public health or safety threat to you or others.
- To agencies involved in a disaster situation.
- As required by State, Federal, or Local law. This includes investigations, audits, inspections, and licensure.
- To law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- To send information when we are ordered to do so by a court.
- To Federal officials involved in security activities authorized by law.
- To the correctional facility if you are an inmate.

## **What are your patient rights?**

*As a patient in our practice you have the right:*

- To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- To inspect and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake or something that is not complete. You must make this request in writing; however, we may deny your request if:
  - We did not create the entry that is wrong.
  - The information is not part of the file we keep.
  - The information is not part of the file that we would let you see.
  - We believe the record is accurate and complete.
- To limit how we use or disclose information about you. For example: not releasing information to your spouse or a particular provider agency. This must be made in writing, and we are not required to agree to the request.
- To know to whom we have sent information about you for up to the last six years. The first request in a 12 month period is free. We may charge you for additional requests. If you request information to be given to you personally regarding your records, you will be charged a \$25.00 fee, plus \$.25/per page copied.
- To have a paper copy of the Notice of Privacy Practices.
- To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint
- To authorize other releases of your personal information not described above. You may change your mind and remove the authorization at any time as long as it is in writing.

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer of this medical practice.

Sincerely,

Mario Giorgianni, M.D.

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I, \_\_\_\_\_, hereby acknowledge that I have received and understand the Notice of Privacy Practices, and that if I have any questions or concerns, I may contact the Privacy Officer of this medical practice.

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Signature

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Date