

Middletown FamilyCare Associates - Notice of Privacy Practices

As required by the privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) **Effective 4/14/2003 - The U.S. Government requires by law that all Healthcare Providers in the United States put in place a privacy policy.

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please read this information carefully!!

Middletown FamilyCare Associates is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services necessary to keep you in good health. We are required by law to keep your health care information confidential. We are also required by law to provide you with this notice of our legal responsibilities. According to federal and state laws, and without your authorization, we can use your **Private Health Information (PHI) for Treatment, Payment and Operations (TPO)** items listed below:

- ❖ Your individual health information will be used for your **Treatment**, for instance: laboratory testing results and examination findings will be used for reaching a diagnosis.
- ❖ We will also use this information for billing and collecting **Payments** on your account. From time to time, it will be necessary for us to contact your insurance carrier regarding payment and may need to provide your carrier with details regarding your health.
- ❖ And finally your health information will be used for Health care **Operations**. It may be necessary for us to disclose your information to evaluate the quality of your care, and discuss your care with other healthcare providers.

Our staff members are trained to maintain your confidentiality during your visits to our practice, however, by federal and state laws, we are obligated to disclose your private information for certain reasons, without your consent. Those reasons may be public health risks, lawsuits, proceedings, law enforcement requests, identification of deceased patients, research, organ donations, military requests or serious threats to our nations health or security.

You have the following rights regarding your personal health care information:

1. The right for confidential communications, i.e. we may leave messages pertaining to your health with other family members or on an answering machine?
2. The right to inspect and copy any or all of your information, however your request must be done in writing and you may be charged a fee.
3. The right to a paper copy of this notice.
4. The right to file a complaint or contact the **privacy officer** if you believe your privacy rights have been violated.
5. The right to provide us with an amendment to your authorization at any time, if you have authorized us usage of your health information for reasons other than treatment, payment or health care operations.

We will continue to evaluate our efforts to protect your **Personal Health Information (PHI)** and make every effort to keep your personal information accurate and up to date. If at any time we modify this notice we will provide you with a revised copy.

If you have any questions regarding this notice or our health information privacy policies, please ask to speak to the **privacy officer**.