

PATIENT PRIVACY NOTICE

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.***

Protected Health Information (identifiable information relating to an individual's current or past health condition) will be used/disclosed for treatment, payment, and health care operations only if a signed "Consent Form" is on file.

For Treatment: *Protected Health Information about a patient may be disclosed to other physicians, nurses, lab technicians, pharmacists, physical therapists and other individuals to aid in the coordination of patient care.*

i.e. Diagnosis and treatment plan information may be shared with physical therapists to aid in hand therapy.

For Payment: *Protected Health Information about a patient may be disclosed to third-party payers so that the Physician may receive payment for medical services rendered.*

i.e. An Insurance Company may request diagnosis, procedure and medical history information before payment is made to the physician.

Health Care Operations: *Protected Health Information about a patient may be disclosed to others in connection with Quality Assurance Reviews and transcription.*

i.e. An independent evaluation of case management and completion of patient chart notes.

Individuals Involved in Care Or Payment For Care: *Protected Health Information about a patient may be disclosed to friends and family members who are involved in the patient's medical care, unless specifically instructed by the patient otherwise.*

Protected Health Information may be disclosed without the patient's consent or authorization under the following conditions:

Research/Medical: *Protected Health Information about a patient may be shared in connection with a research study pursuant to a waiver of authorization approved by either an institutional review board (IRB) or "privacy board".
i.e. Diagnosis and treatment plan information may be shared with Inamed for the Silicone Implants Adjunct Study.*

Required By Law: *Protected Health Information about a patient may be disclosed because of a court order or to avert a serious health or safety threat.
i.e. A physician may be served with a subpoena or search warrant for medical records.*

If a patient requests that we release their health information the "Authorization to Release Medical Records" form must be signed, witnessed and dated.

As a patient you have the right to:

- 1. Request restrictions on your Protected Health Information. The physician may or may not concur.*
- 2. Inspect and copy your Protected Health Information that may be used to make treatment decisions.*
- 3. Request in writing that your Protected Health Information be amended if you feel that there is inaccurate or incomplete information. The physician may or may not concur.*
- 4. Request confidential communication in certain matters.*
- 5. Request an accounting of all disclosures made of your Protected Health Information.*
- 6. Request in writing a paper copy of your Protected Health Information.*

As a patient of Doctor Glafkides', you will be asked to sign a "consent" that gives permission for the use and disclosure of your Protected Health Information for treatment, payment or health care operations. An "authorization" will be required prior to use or disclosure for any other reason.

We have, in our office, procedures on how to handle requests for Protected Health Information and these controls are regularly monitored to ensure compliance.