

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file complaint with us, or with the federal government. You will not be penalized for filing a complaint.

COPIES AND CHANGES

You have the right to receive an additional copy for this notice at any time. We reserve the right to revise this notice. A revised notice will be effective for the information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever privacy notice is currently in effect. We will communicate any changes to our notice through direct mail.

CONTACT INFORMATION

If you want to exercise your rights under this notice or if you wish to communicate to us about privacy issues or to file a complaint with us, please contact our privacy officer at: _____

DECLARATION INFORMATION

All medical records and other individually identifiable health information used to disclosed by a covered entity in any form, whether electronically, on paper, or orally, are covered by the US Department of Health And Human Services (HHS), and are covered by HIPAA (Health Insurance Portability and Accountability Act of (1996).

Further, I authorize that the results of any assessments or records given to me may be used in completing evaluations, assessments, treatment plans, progress reports, summary reports, discharge summary reports and medical billing and reimbursement. I understand that such reports will only report aggregated data, and will only be used for health care purposes such as third party payment and physician or other authorized health care provider treatment or progress reports. I understand that I have the right to file a formal complaint with a covered provider or health plan or HHS about violations regarding my health and medical records or information.

This release is and shall be binding upon my heirs, assigns, executors, and administrators.

Restrictions requested by patient:

Signature of Patient: _____ Date: _____