

# HIPPA NOTICE OF PRIVACY PRACTICES

## QUICK TRIM CLINIC

Effective Date: January 12, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

### PLEASE REVIEW IT CAREFULLY

#### WHO WILL FOLLOW THIS NOTICE:

All Quick Trim Staff

This notice describes our privacy practices.

#### OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

#### We are required by law to:

Make sure that health information that identifies you is kept private.

Give you notice of our legal duties and privacy practices with respect to health information about you.

Follow the terms of the notice that is currently in effect.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure of information will fall within one of these categories.

**For Treatment.** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have

prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

**Information provided to you.** You have the right to review your chart. You have the right to request amendments if you find any inaccuracies in your health information. Amendment requests may be denied if the information is accurate and complete. You have the right to obtain copies of your health information at the cost of \$.50 per page to cover the cost of copying and supplies.

**Health-Related Services and Treatment Alternatives.** We may use and disclose health information to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to send you this information, or if you wish us to use a different address to send this information to you.

**Right of Change.** We reserve the right to change the terms of this privacy notice. You may obtain a copy of any corrected notices upon request.

**Complaints.** You have the right to report complaints to our office or to the Secretary of Health and Hospitals in writing. Our office will not retaliate against you for such complaints.

**Disclosure.** We will not use or disclose any protected health information in a manner that is inconsistent with this notice. Your health information will only be used and disclosed to carry out treatment, obtain payment and for other health care operations.

\_\_\_\_\_  
(PATIENT'S NAME PRINTED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT'S SIGNATURE (OR GUARDIAN, IF A MINOR)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER (FOR IDENTIFICATION PURPOSES ONLY)

\_\_\_\_\_  
WITNESS (Optional)

\_\_\_\_\_  
DATE