

### **NOTICE OF PRIVACY PRACTICES**

Dr. Andrews and/or members of his staff may contact you with appointment reminders or with health related information that may be important to you. If this contact is by phone and you are not at home, a message will be left on your answering machine. If we cannot reach you or an answering machine, or you are not at home, we may attempt to reach you at work unless you specifically instruct us to do otherwise. It is our policy that messages left on answering machines or with other persons other than the patient or patient's legal guardian will not mention the patient's diagnosis or type of treatment. Our office sends reminder letters to those patients who haven't already scheduled their follow-up appointments, unless you specifically instruct us otherwise. If you wish to give us specific instructions for contacting you that are different from our usual practices, please specify: \_\_\_\_\_

We may disclose your private health information to your referring physician or other health care providers directly involved in your treatment. We may disclose your health information to your insurance company or agency in order to obtain payment for our services or in connection with quality assessment and review activities by these companies or agencies.

You may authorize release of your private health care information to other individuals or organizations in writing. Such an authorization remains in effect indefinitely until and unless you revoke it in writing. Without your written authorization, private health information will only be released as stated above.

I, \_\_\_\_\_, authorize the release of my medical information to:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

You have the right to have a copy of this privacy notice if you so desire. You may request, at any time, a personal copy of the private health information contained in your chart. If you are concerned that we may have violated your privacy rights to any degree, even if inadvertently, you should bring it to our attention immediately. If you feel a serious or deliberate breach of your privacy rights has occurred, you may also submit a written complaint to the U.S. Department of Human Services (address available on request).

NOTE: If you decide later to request a modification in these instructions, please notify us in writing.

#### **Acknowledgment:**

I, \_\_\_\_\_, acknowledge that I have read the above "Notice of Privacy Practices", that I have had the opportunity to ask for clarification of any aspect of the notice and that I have had the opportunity to request specific modifications of the office's usual procedures.

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Date