

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information. The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist whom we may involve in your case.

We may use or disclose your health information for payment of services provided to you. For example, we may send a copy of your chart to an insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, a member of our staff will enter your information into our computer.

At this time we do not use an insurance billing service, but we do send the claims electronically through a clearinghouse. If at any time we share your medical information with a Business Associate, we will have them sign a written contract that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters, special office promotions, recall letters, laboratory and pathology results. We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person that answers the phone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we do not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our office at (909) 373-7743.

This notice goes into effect as of August 23, 2013.

ACKNOWLEDGMENT

I have received a copy of the Dr. Bryan M. Stevens, Notice of Privacy Practices.

Patient Name: (please print) _____

Relationship to patient: ☐ Self ☐ Parent ☐ Legal Guardian ☐ Other: _____

Signature: _____ Date: _____

Please write names of all family members that are patients in this office: _____
