

NOTICE OF PRIVACY PRACTICES

Heidi H. Cole, M.D.

Dear Patient:

This clinic understands the necessity of protecting and safeguarding the personal information of our patients from improper use or disclosure. In order to ensure this, the clinic will: **OBTAIN ROUTINE CONSENTS**, as necessary, to permit the use of personal health information for current, future and/or routine needs. These consents will include the use and release of personal information for purposes of payment, treatment, and health care operations.

Special consents, (also known as **AUTHORIZATIONS**) will be obtained, as appropriate, prior to the use or release of information beyond the scope of the routine consent. When a person is unable to provide consent, an appropriate individual is identified to give consent on his or her behalf.

ACCESS TO HEALTH RECORDS AND INFORMATION

Patients may access their own health records. The definition of “patient” also includes the surviving spouse, the family of a deceased patient or a person the patient appoints in writing as their legally recognized representative. Patients also have the right to amend their health records. Patients will be referred to their provider to discuss information maintained in their record.

A person may not access their living spouse’s personal information without an authorization (or consent) from the patient.

A parent or legal guardian of a minor may access and authorize the release of the minor’s health information. However, if the minor is married, emancipated, had borne a child, or if the records in question concern venereal disease, chemical dependency, or pregnancy, and related conditions, the parent or legal guardian may not access or release the minors health information without the minors express written consent.

Health information may be withheld from a person only if a physician or other licensed health care provider reasonably determines that information will be detrimental to his or her physical or mental health or is likely to cause him or her to inflict self-harm or harm to another. The practitioner must record and state the specific reason why they are withholding information prior to the request.

A patient may request restrictions on the use and disclosure of their health information.

In order to comply with evolving laws and standards, this clinic may occasionally modify its privacy practices. If you have any questions regarding the privacy guidelines, please feel free to contact your practitioner.

I have been given the opportunity to read this before signing.

Date _____ Signature _____