

Dr. Radhika Remadevi, MD - Prime Health Medical
Notice of Privacy Practices & Authorization for Release of Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
PLEASE REVIEW IT CAREFULLY.

The Health insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, is kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used.

At Prime Health Medical, we are committed to protecting the privacy of our patients' personal and health information. All of our employees are required to sign confidentiality policies. As required by "HIPAA" we have prepared this explanation of how we maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and practice operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be contacting another physician to coordinate your care.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. We will provide access to your information, without your consent or authorization, when required to do so by law or regulation. Access may be granted to public health and law enforcement authorities, health care oversight agencies, government benefits programs, courts and administrative tribunals.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect, amend and copy your protected health information.
- The right to receive an accounting of disclosures of protected health information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will provide you with a revised notice. If you believe that your privacy rights have been infringed-upon, you may file a complaint with Prime Health Medical, and the Department of Health and Human Services. You may also contact this office for a copy of this Privacy Notice or for further information regarding its contents at any time.

It is this practice's policy to not release or disclose any confidential medical information without written authorization. Please list the names and telephone numbers of any person with whom we may discuss your medical information. This includes but is not limited to, general medical information, appointment information, test results, medication related information, treatment plans and account & billing information. Please list any additional persons on the back side of this form.

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____

The undersigned acknowledges that he/she has received and reviewed this notice of Privacy Practice.

Printed Name of Patient

Signature of Patient or Guardian

Date