

Samuel Marcus, MD Inc.
NOTICE OF PRIVACY PRACTICES &
HIPAA RELEASE

Patient Health Information

Under Federal Law, your patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing and insurance information.

How we use your Patient Health Information

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filing your prescriptions.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

Special Uses

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses & Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

Required by Law: We may be required by law to report Gunshot wounds, suspected abuse or neglect, or similar injuries and events.

Research: We may use or disclose information for approved medical research Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

Judicial and administrative proceedings: We may disclose information in response to an appropriate subpoena or court order.

Law enforcement purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious threat to health and safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or national security purposes.

Workers Compensation: We may release information about your workers compensation or similar programs providing benefits for work-related injuries or illness. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions. Also if you have paid for your health care treatment out-of-pocket and in full, and if you request that we limit disclosure of your information to a health plan for purposes of payment or health care operations, we will abide by your request.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. There may be a charge for receiving copies of your health information.

Confidential Communications: You may ask us to communicate with you confidentially by, for example sending notices to a special address, electronic mail, text messaging, or voicemails. You have the right to request to not receive notifications from the office and opt out receiving email, text or phone messages, patient communications and to remind you of appointments.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing you have the right to request that we correct the existing information or add the missing information.

Accounting Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices, regarding protected health information, and to abide by the terms of Notice currently in effect.

Changes in Privacy Protection

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of our Notice at any time. For more information about our privacy practices contact the office and request to speak to the Release of Information Officer.

I authorize Samuel N. Marcus, M.D. Inc. to use/disclose medical and/or billing information to the following authorized representative. All patients must complete this section for us to provide access to account (including billing and appointments). If this section is not filled out we will not provide such access to anyone other than the patient. This is not for release of information to another physician. Please be aware that the patient is still responsible for any account balances that result from actions of designated representative (for example: no show fee).

- 1. Full Name: _____ Relationship: _____ Phone #: _____
- 2. Full Name: _____ Relationship: _____ Phone #: _____

My signature below indicates I have received and had a chance to review a copy of this offices' Privacy Practices and information of billing to insurance. I also acknowledge that I am giving my permission to disclose my information to the individuals I have designated above.

Print Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____