

# Notice of Privacy Practices for Protected Health Information

## HIPAA- Health Insurance Portability & Accountability Act

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY!

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### Example:

- ❖ A nurse or medical assistant obtains treatment information about you and records it in a health record.
- ❖ During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area.
- ❖ We submit requests for payment to your health insurance company.

### PLEASE COMPLETE THE FOLLOWING QUESTIONS:

- ❖ May we leave a message on your home answering machine/voice mail?  YES  NO
- ❖ The staff at Vaughn Orthopedic and Spine Center, PLLC may leave a message regarding appointment reminders or normal test results on my answering machine, voice mail, or with someone other than myself at my home phone number.  YES  NO
- ❖ May we leave a message for you at work to contact us?  YES  NO
- ❖ Please list names, contact phone, and relationships to any persons we may discuss your condition.

NAME/RELATIONSHIP

PHONE#

_____	_____
_____	_____
_____	_____
_____	_____

A full copy of our HIPAA Privacy Notice is available upon request.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_