

Frank O. Petkovich, MD

## NOTICE OF PRIVACY PRACTICES

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

1. Information specific to your medical care that can be identified as applying to you (or your child) is called individually identifiable health information (IIHI). An example of such information is your Health Insurance Care. This information is not changed by your medical consultation, but may be requested prior to your visit with Dr. Petkovich
2. Individually Identifiable Health Information that is added to or modified as a result of you consultation with Dr. Petkovich becomes Protected Health Information (PHI). Examples of such protected information is the history and Physical examinations that Dr. Petkovich records in you medical record during and after you consultation, in order to ensure that medical decisions are based on accurate information. You have specific rights for access to and protection of their information. When you sign the consent below, Protected health Information may be disclosed ("released") to:
  - You and/or your legal guardian and/or your blood relative(s) and or your spouse/domestic partner.
  - Your primary and/or referring physician(s)
  - Your insurance company(ies)
  - Hospital(s) and/or facility (ies) where treatment is requested or rendered.

In all cases, only the "minimum necessary" and "directly relevant" information is released when needed for treatment and for payment for such treatment. You have the right to:

- Look at and copy your Protected health Information (copying fees may apply)
  - Amend (add to or strike out) specific details
  - Request restriction(s) to disclosure for Dr. Petkovich's office
  - Request to be notified of "non-routine" disclosures fro Dr. Petkovich's office.
3. If you have questions about Dr. Petkovich's privacy Practices, wish to view, amend, copy and/or restrict access to your Protected health Information, or wish to file a complaint about Dr. Petkovich's use of your Protected health Information, please ask to speak to Kathryn Petkovich

## Notice of Privacy Practices Receipt

I have received the notice of Privacy Practices on this, or a previous office visit. I understand that I can request another copy of the notice at any time.

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First Name	MI	Last name	Date of Birth
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Patient or Guardian	Date
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