

Specialists in Rehabilitation Medicine, PC

Summary of the HIPAA Privacy Rule*

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

You have the right to:

- Ask to see and obtain a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing
- Get a report on when and why your health information was shared for certain purposes

What information is protected?

- Information your healthcare providers put in your medical record
- Conversations your doctor has had about your treatment with other healthcare professionals
- Billing information about you from your healthcare provider
- Most other health information about you, held by those who must follow this law

Your information is kept private by:

- Teaching the people who work for us how your information may and may not be used or shared
- Taking appropriate and reasonable steps to keep your health information secure

To make sure that your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:

- For your treatment and care coordination
- With your family, relatives, friends, or others you identify who are involved with your healthcare (only with your written permission)
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot give your information to your employer or use or share your information for marketing or advertising purposes.

By signing below I acknowledge that I have read and been offered a copy of this office's HIPAA Privacy form.

Patient or Personal Representative Signature

Date

Witness Signature

Date

If a Personal Representative's signature appears above,
please describe the relationship to the patient:

For Office Use Only:

On _____, _____ presented this HIPAA Privacy form to
_____ (the "patient"). The Patient refused to provide a signature when requested.

Staff Signature

Date

*For a full, detailed copy of the HIPAA Privacy Rule, please request a copy from the front desk staff