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# PRIVACY

## Acknowledgement of notice of privacy practices and information on office policy

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As a patient in Dr. Feldman's practice, you / your child's health information will be protected to the extent permitted by the law. As indicated in the Notice, Protected Health Information may only be disclosed or used for routine treatment, payment, or health care operations, based on the stipulations stated on the Notice, any other use or disclosure of your / your child's health information will require your further written request and authorization. A new consent form need not be executed for each routine disclosure or use; however, a new consent form will be requested if for any reason, the Notice of Privacy Practices changes.

You have the right to restrict the use of Health Information beyond what the Privacy Practices allow. Dr. Feldman does not have to agree to

those additional restrictions, however, if Dr. Feldman agrees, your additional limitations will become binding. If such added restrictions are to be placed on a copy of the Notice, cross out sections that you do not approve of or add your statement, and date and initial each instance. Dr. Feldman reserves the right to agree to those restrictions. If Dr. Feldman agrees to those restrictions, he will also initial the form and provide you with a copy. However, if differences cannot be reconciled, the patient-physician agreement may need to be terminated.

You may revoke this consent in writing at any time and all future disclosures will cease. The consent must be signed and dated. Dr. Feldman may refuse to accept a patient unless this consent is signed.

Your signature below attests to your having received a copy of Dr. Feldman's Notice of Privacy Practices, dated January 1, 2012, and authorizes the routine use and disclosure of your Health Information.

By signing below, you also acknowledge having received a copy of Dr. Feldman's Information on Office Policy, and that you understand and agree to the practice policy.

If this consent is signed on behalf of a minor (under 18 years) in your custody and care, please write the child's full name and date of birth below.

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Name

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Date of Birth

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Name of Guardian (if on behalf of child under 18 years)

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Signature

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Date

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# PRIVACY

## Notice of Privacy Practices

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This notice is required by law to tell you how Dr. Feldman protects the confidentiality of your health care information. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's health care history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, laboratory data. Dr. Feldman receives, uses and discloses your PHI to provide treatment as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited. Dr. Feldman must follow the privacy practices that are described in this notice, and also comply with any stricter requirements under federal or state law. If any substantive changes to these privacy practices are made, it will be changed and redistributed to you within 60 days. You may also request a copy of this notice anytime.

**Permitted Uses and Disclosures of Your PHI:** Dr. Feldman is permitted to use or disclose your PHI without your prior authorization for purposes that include disclosures to you, uses and/or disclosures for purposes of health care treatment, billing, and other health care operations. Dr. Feldman is permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member or personal representative in case of an emergency, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Dr.

Feldman's office uses administrative, technical, and physical safeguards to maintain the privacy of your PHI; the office must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

**Disclosures Without an Authorization:** Dr. Feldman is required to disclose your PHI, when required by the U. S. Secretary of Health and Human Services to investigate or determine the office's compliance with law.

**Disclosures With an Authorization:** Dr. Feldman will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure.

**Your Rights Regarding PHI:** You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by making a request in writing that includes your name, address, telephone number and the PHI you are requesting. Dr. Feldman may charge a reasonable fee for providing you copies of your PHI. You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed.

**Your Right to Restrict Your PHI:** You have the right to ask that Dr. Feldman limit how your PHI is used and disclosed. Dr. Feldman will consider your request but is not legally required

to accept it. If accepted, any limits will be put in writing and will be followed, except in emergency situations. You may not limit the uses and disclosures that Dr. Feldman is legally required or allowed to make.

**Your Right to Update Your PHI:** You may request an amendment of PHI about you for as long as this information is maintained. In certain cases, your request for an amendment may be denied. If denied, you have the right to file a statement of disagreement, and Dr. Feldman may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to Dr. Feldman by another entity, the office may refer you to that entity to amend your PHI.

**Your Right to Information of Disclosures of Your PHI:** This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information Dr. Feldman disclosed after receiving a valid authorization from you. Additionally, this does not apply to disclosures made to you, to family members or friends that you have authorized to be involved in your care, or for notification purposes. This does not apply to disclosures made for national security reasons, certain law enforcement purposes, incidental disclosures, or disclosures made prior to April 14, 2003.

**Complaints:** You may complain to Dr. Feldman's office or to the U. S. Secretary of Health and Human Services if you believe that your privacy rights have been violated.