



Name (Please Print): _____

DOB: ____ / ____ / ____

NOTICE OF PRIVACY POLICIES

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. There are certain circumstances that require us to use or disclose your health information. Some of these circumstances are: **to public health authorities, lawsuits, law enforcement officials, federal officials, correctional institutions, military officials (for members of the military only), Workers Compensation and Health Insurance programs.**

You have rights regarding your health care and information. These rights include but are not limited to: communication regarding your healthcare, inspection of any health information or medical records (including billing records but not including psychotherapy notes), requesting amendments to health information, filing complaints against privacy, written consent and authorization to disclose any health or personal information to certain individuals. If you have any questions regarding this notice or our health information privacy policies please contact a member of our staff.

***A full copy of our privacy policy is provided upon request.**

I have read and understand the copy of Privacy Policies provided on this clipboard. Initials: _____

HIPAA

Health First Family Medicine upholds the standards of the HIPAA laws. As a patient, we want you to know:

- We respect the privacy of your personal medical records and will do all we can to secure and protect that privacy.
- When it is appropriate and necessary, we provide the minimum necessary information to only those individuals required by law or who we feel are in need of your health care information and information about treatment, payment or health care operations in order to provide health care that is in your best interest.
- You may refuse consent to use or disclosure your personal health information, but this must be in *writing*.
- You have the right and we agree to provide you with access to your medical records in accordance with state and federal laws.

***A full copy of our HIPAA policy is provided upon request.**

I have read and understand the copy of HIPAA Policies provided on this clipboard. Initials: _____

***If you have any questions regarding this content, please speak with a member of the staff of Health First Family Medicine.**