



## Notice of Privacy Practices

**This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can gain access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

### **Our commitment to your privacy**

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.

### **Use and disclosure of your health information**

#### **The following circumstances may require us to use or disclose your health information:**

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Responding to a court or administrative order or law enforcement officials.
3. If necessary to reduce or treat a serious threat to your health and safety. We shall only disclose to a person or organization able to help treat the threat.
4. If you are a member of U.S. or foreign military forces (veterans included) and if required by the appropriate authorities.
5. To federal officials for intelligence and national security activities authorized by law.
6. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
7. For Workers Compensation and similar programs.

### **Your rights regarding your health information**

1. You can request that our practice communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We shall accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment of health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records.
4. You may ask us to amend your health information in writing if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice.

5. Right to a copy of this notice. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.
6. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Patient access to electronic records: [www.peninsulasurgical.net](http://www.peninsulasurgical.net)

Your Login for electronic records: \_\_\_\_\_

Your password: \_\_\_\_\_

I hereby acknowledge that I have been presented the Notice of Privacy Practice by Peninsula Surgical Solutions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Printed name of patient: \_\_\_\_\_