

## HIPAA STATEMENT

Discloses personal health information. This information is personal and confidential. There are policies in place to protect the information against unlawful use and disclosure. Personal health information is any information that relates to the physical or mental condition of a patient. Our office may collect information such as your name, address, telephone number, social security number, date of birth, medical history, diagnosis, treatment, family and emergency contacts. We take all precautions to protect against unauthorized use and disclosure of this information. You have the right to ask in writing to restrict use of your personal health information related to treatment payment or routine health care facility operations. You may request disclosure restrictions to family members. The company will honor the request except in the cases of emergency. If you believe that your privacy rights have been violated, you may contact me. Please include your name, address, telephone number and a brief description of you concern. You may also register an anonymous complaint/ You may also contact the Secretary of the Department of Health and Human Services at:

The US Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201

I have read the above statement which will be filled in by medical records and have received a copy of this statement at my request.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (If not the patient)

If patient would like to Authorize someone access to their Medical Records (Spouse, Parent, Son/Daughter, other family member) Please list name, telephone number and relationship to person being authorized.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

