

# HIPAA NOTICE OF PRIVACY PRACTICES SUMMARY AND DISCLOSURE

## SUMMERS W TAYLOR III, MD

Our HIPAA Notice of Privacy Practices describes the privacy practices of our office. We respect our legal obligation to keep health information that identifies you private, and by law, we are obligated to provide you a notice of our privacy practices.

We are required by law to maintain the privacy of your health information, to follow the terms of our Notice that are currently in effect, and if you request, to provide you a copy of our Notice regarding our privacy practices and legal duties in respect of you and the information we collect and maintain regarding your health information. Our Notice also describes your rights regarding your health information and certain obligations that mandate how we use and disclose your health information.

### Your Rights - You may...

- Request to inspect any copy of your records.
- Request to amend incomplete or inaccurate information in your records.
- Receive an accounting of certain disclosures of your health information.
- Ask for additional privacy protections (although your request may be declined).
- Ask for confidential communications in a particular manner.
- Receive a paper copy of this Notice.
- File a complaint without penalty.

**Use and Disclosures** - We will not use or disclose your information unless you tell us to do so or unless the law allows or requires us to do so. We use and disclose your information:

- For treatment, payment, and health care operations.
- Through patient scheduling; to notify family or a close friend you have entrusted with your care; or for notification after benefits and services.
- As permitted or required by the law.
- For certain activities when the law requires it, such as: public health, reporting of abuse, neglect, or domestic violence; health oversight; lawsuits and disputes; law enforcement activities; coroner; medical examiner, or funeral director purposes; organ donation; avoidance of a serious threat to health or safety; workers' compensation; and national security.
- With your authorization.

**Changes to this Notice** - We reserve the right to change this Notice at any time as allowed by law. Updated Notices will be in our office and paper copies will be available upon request.

**Complaints** If you believe that we have not properly respected the privacy of your health information, you may file a complaint with our clinic by contacting an Office Manager by calling (256) 840-4530 or sending a letter to our office address.

Please indicate below if we may discuss your health information, appointment scheduling and/or billing with someone you trust:

- Spouse:** \_\_\_\_\_  Yes, Health Info  Yes, Billing Info  Yes, Scheduling
- Parent/s or Guardian/s:** \_\_\_\_\_  Yes, Health Info  Yes, Billing Info  Yes, Scheduling
- Relative/Friend/Other:** \_\_\_\_\_ **Indicate Relationship:** \_\_\_\_\_  Yes, Health Info  Yes, Billing Info  Yes, Scheduling

**Acknowledgment of Receipt of this Notice** As a patient of Summers W Taylor III, MD, I acknowledge that I have received and seen this notice and understand that I may request a copy of the full HIPAA Notice Privacy Practices for additional information. I understand that office respects their legal obligation to keep health information private unless required by law. My signature below indicates that I agree to these conditions.

Printed Patient Name: \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_