



# PRIMARY CARE, PLLC

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## HIPPA PRIVACY POLICY

THIS NOTICE DESCRIBES HOW

MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS  
TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

### Key Issues

**Uses and Disclosures:** We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. We may also use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.)

**Your Rights:** In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you an administrative fee plus an additional fee per page. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

**Our Legal Duty:** We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the office manager.

**Complaints:** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the office manager. You also may send a written complaint to the U.S Department of Health and Human Services. The office manager can provide you with the appropriate address upon request. If you have any questions or complaints, please contact the office manager.

### Acknowledgement of receipt of Notice of Privacy Practices:

Please sign your name, print your name and date this acknowledgement form.

Patient/Guardian Signature: \_\_\_\_\_

Patient/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## PATIENT COPY \*

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