

## HIPAA PRIVACY AND DISCLOSURE PRACTICES

In the course of your care as a patient of Dr. Mandich we may use or disclose personal and health related information about you in the following ways:

- \* To another health care provider if it is necessary to refer you for further diagnosis, assessment, or treatment.
- \* To another party, such as an insurance carrier, or your employer, if they are or may be responsible for the payment of our services.
- \* To be used to contact you regarding appointment reminders or other health related issues that may be of interest to you. If you are not home to receive an appointment reminder, a message may be left on your answering machine.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- \* If we are providing health care services to you based on the orders of another provider.
- \* If we provide health care services to you in an emergency.
- \* If we are ordered by the courts or another appropriate agency.
- \* If we are required by law to provide care to you and are unable to obtain your consent after attempting to do so.
- \* If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

You have the right to inspect and/or receive copies of your records for seven years from the date that the record was created or as long as the information remains in our files. All original x-ray films are and shall remain the sole property of Dr. Mandich, and can be viewed by appointment. Written information regarding these x-rays is available upon written request.

**I have read and understand these privacy practices**

Print Patient's Name: \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_

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

