Notice of Privacy Practices: Standard Uses and Disclosures of Protected Health Information (PHI)

Effective Date: [Insert Date]

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.

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a third party. For example, we may disclose your PHI to a specialist to whom you have been referred to ensure the physician has the necessary information to diagnose or treat you.

2. Payment

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits.

3. Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

4. Others Involved in Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

5. Required By Law

We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

6. Public Health

We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Acknowledgement of Receipt

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices regarding the standard uses and disclosures of my Protected Health Information.

Patient Name: _____

Signature: _____ Date: _____