

Patient Privacy Notice

Arthritis Associates of Kingsport

PHI- Protected Health Information

We are required by law to protect the privacy of your medical information and to provide you with written Notice describing:

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

Please initial you have read and understand the information below:

_____ We may use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

_____ We may be required or permitted by certain laws, regulations, or circumstances to use and disclose your medical information for certain purposes without your authorization. Under other circumstances we may need your written authorization (that you may later revoke) to use or disclose your medical information.

_____ As our patient, you have important rights relating to inspecting and copying your medical information that we maintain. This includes amending or correcting that information, obtaining any disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

_____ You have the right to receive a copy of our most current NOTICE in effect. If you have not yet received a copy of our current NOTICE, please ask at the front desk and we will provide you with a copy.

_____ Upon a written request copies of your medical records will be made available in a timely manner. There will be a fee associated with this service.

_____ Under this law, we have the right to refuse to treat you should you refuse all or part of your PHI.

The misuse of PHI has been identified as a national problem causing patients inconvenience, aggravation and money. We want you to know our employees, managers, and providers undergo training so that they may understand and comply with government rules and regulations regarding PHI and HIPPA compliance regarding privacy of our patients. We will listen to our employees and patients without any thought of penalization if they feel an event in any way compromises our policy of integrity. If you have any questions, concerns or complaints about the NOTICE or your medical information, please contact the HIPPA Compliance Officer.

Patient Signature: _____ Date: _____

Patient Date of Birth: _____

Our office utilizes an electronic prescription service. Your signature allows Arthritis Associates of Kingsport to verify your prescription history electronically:

Patient Signature: _____ Date: _____