

HIPAA NOTICE OF PRIVATE PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding your Health Information

Each time you visit Lifedoc Health a record of your visit is made. This record contains information about your symptoms, assessments, examinations, test results, medications you take and the plan for your care. This information we refer to as your health or medical record is an essential part of the healthcare we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

Uses and Disclosures of Health Information

- Lifedoc Health uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide.
- Lifedoc Health may also use health information about you to call you or send a letter to remind you about an appointment, to follow up with diagnostic tests results, or to provide you with information about other treatment and care that could benefit your health.
- If you were referred to us from another provider, Lifedoc Health may send copies of your medical record to the provider who referred you to us, so your provider will have updated treatment information about your care.
- Lifedoc Health may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes and for emergencies. We also provide information when required by law.
- In any other situation, as for research studies purposes, Lifedoc Health policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Patients' Individual Rights

- You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.
- You also have the right to request that we not use or disclose you personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. Lifedoc Health will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

- To exercise any of these rights, your request must be in writing.

Lifedoc Health reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by Lifedoc Health. The revised notices will be posted in office and reasonable efforts will be made to advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request.

Concerns and Complaints

For further information on **Lifedoc Health** information practices, or if you are concerned that **Lifedoc Health** may have violated your privacy rights, or you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact the **Lifedoc Health** Privacy and Compliance Officer, at 901-683-0024. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, Southwest Washington, D.C. 20201. Complaints to the Secretary must be made within 180 days of when you became aware of, or should have been aware of, the incidents giving rise to your complaint.

ADVANCED DIRECTIVES

Do you have a "Living Will" ? YES _____ NO _____

If your answer is YES, please provide us with a copy for your medical records.

Patient's Name

Patients Signature

Parent/ Legal Gaurdian Name

Parent/Legal Gaurdian Signature

Relationship to Patient (If other than self)

Date: _____ / _____ / _____