

HealthCare for Business

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you agree then you are bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

NOTICE OF INFORMATION PRACTICES

1. Hanahan & Associates, Inc may use and disclosure protected information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested preschool, life insurance or sports physicals, referral to nursing homes, foster care homes, home healthcare agencies and/or referral to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing records.
2. Hanahan & Associates, Inc is permitted or required to use or disclose protected information without the individuals' written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders.
3. Hanahan & Associates, Inc will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
4. Hanahan & Associates, Inc may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient.
5. Hanahan & Associates, Inc will abide by the terms of this notice or the notice currently in effect at the time of the disclosure.
6. Hanahan & Associates, Inc reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains.
7. Hanahan & Associates, Inc will provide each patient with a copy of any revisions of it's Notice of Information Practice at the time of their next visit, or at their last known Address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.
8. Hanahan & Associates, Inc will provide any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer at the following address and/or phone number: Meghan Weston, 150 Mentor Avenue, Suite 5, Painesville, Ohio 44077, 440-354-4747. All complaints will be addressed and the results will be reported to the (Meghan Weston/Corporate Compliance Officer/Paul C. Hanahan, MD/Managing Physician /Board of Directors).
9. It is Hanahan & Associates, Inc's policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual noncompliance of the privacy standards.
10. The name, title and telephone number of a person in the office to contact for further information:
(Meghan Weston, 150 Mentor Ave., Painesville, Ohio 44077, 440-354-4747).
11. The effective date April 14, 2003.