

The Vein Clinic of Imperial Valley

Notice of Privacy Policy and Practices

HIPAA Handout

Introduction

In accordance with the Health Insurance Portability and Accountability Act of 1996 (known as HIPAA), our practice is required to protect the privacy of your personal health information. This document will provide notice of our privacy policy and practices including your rights and our legal duties concerning your health information and records. Please review this document; you will be asked to sign a form acknowledging your opportunity to review this notice. A copy will be provided to you on request.

Summary

Since you are a patient who has consented to receive care from the physicians and staff of **The Vein Clinic of Imperial Valley**, the law allows us to use and disclose your medical information for specific purposes. These include uses and disclosures for purposes of treatment, obtaining payment for services, and health care operations which will be explained below. In addition, the law may authorize disclosures for reasons of public health and interest that include disaster relief, law enforcement and formal judicial and administrative proceedings. With your permission, your medical information may be disclosed to family members and/or others of your choosing who have involvement of interest in your health status. Any other disclosure will require your written authorization.

You have the following rights that will be respected by this policy:

1. To examine or receive a copy of your medical record of care that has been provided by **The Vein Clinic of Imperial Valley** and staff. (1st copy is provided without charge. Additional copies will involve a nominal cost.)
2. To receive an accounting of the disclosure of your medical information that does not involve treatment, payment or health care operations.
3. To request a correction or amendment of your medical record.
4. To specify other restrictions on the use and disclosure of medical information.
5. To request a specific method or avenue in receiving a communication involving confidential information
6. To file a formal complaint if you feel that improper use or disclosure occurred.

The entire notice will go into more detail regarding the specific issues involved in this policy.

Please review it.

Receipt of Notice of Privacy Policy and Practices

I acknowledged that I have received or have been given the opportunity to review a copy of the

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I understand that amendment to this policy may occur in the future and that a current summary of this or the amended notice will be posted in the medical office for my review. A copy of the amended notice will be made available upon request.

Print Name

Date

Signature

Relationship to patient (if other than patient)