

## PATIENT RIGHTS AND RESPONSIBILITIES

You have the following rights under State and Federal law:

**Copy of Records:** You are entitled to inspect the personal health record we have generated about you. We may charge you a reasonable fee for copying and mailing your record.

**Release of Records:** You may consent in writing to the release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

**Contacting You:** You may request that we send information to another address or by alternative means. We will honor such requests as long as they are reasonable and we are assured they are correct. We have the right to verify that the payment information you are providing is correct.

**Amending Record:** If you believe that something in your record is incorrect or incomplete, you may request that we amend it. Your request should be made in writing. In certain cases, we may deny your request. If we deny your request for an amendment, you have the right to file a statement and our response will be added to your record.

**Accounting for Disclosures:** You may request a listing of any disclosures we have made related to your personal health information, except for information we used for treatment, payment, **or** health care operations purposes, **or** that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. We will notify you of the cost involved in preparing this list.

**Questions and Complaints:** If you have any questions, or wish a copy of this policy or have any complaints, you may contact us in writing for further information. You also may complain to the Secretary of Health and Human Services if you believe this practice has violated your privacy rights. We will not retaliate against you for filing a complaint.

**Changes in Policy:** This practice reserves the right to change its Privacy Policy based on the needs of the practice and changes in State and Federal law.

**IMPORTANT:** Read all sections before signing. I acknowledge that I have received and read this privacy notice.

Patient Signature \_\_\_\_\_

DATE \_\_\_\_\_