

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION.

Jeffrey Leider, MD., PC is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

### **PLEASE READ THE FOLLOWING CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care options.

**TREATMENT** means providing coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.

**PAYMENT** means such activities as obtaining, or managing health care related services by one or more collection activities, and utilization review. An example of this would be sending a bill for your visits to your insurance company for payment. Patient is also responsible for any services that is not covered benefit by their insurance carrier.

**HEALTH CARE OPERATIONS** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be an internal quality assessment review.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be interest of you.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a request of restriction. If we do not agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

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The notice is effective as of March 28, 2003 and we are required to abide by the terms of the Notice of Privacy currently in effect. If you feel that your privacy protection has been violated, you have the right to file a written complaint with our office, or the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office.

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Ave. S.W.  
Washington, D.C. 20201  
202-619-0257  
Toll free: 1-877-696-6775