

**WOODBRIIDGE INTERNAL MEDICAL ASSOCIATES
NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT**

Please Print Your Name

Date of Birth

Today's Date

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY AND ANSWER ALL QUESTIONS.

This Notice of Privacy Practices describes how Woodbridge Internal Medical Associates, ("WIMA") may use and disclose your **protected health information** ("PHI") to carry out treatment, payment and/or health care operations ("TPO") and for other purposes that are permitted or required by law. It also describes your rights to access and control of your PHI. We are committed to maintaining the privacy of your PHI. Your PHI includes information about you such as your medical record and the care and services that you have received from us but not limited to, including demographic information that may identify you. We need this information to provide you with the appropriate level of care and also to comply with certain legal obligations we may have.

The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical health Act, places certain obligations upon us with regard to your PHI and requires that we keep confidential any medical information that identifies you. We take this obligation seriously and when permitted to or required to share your PHI with others, we only provide the **minimum** amount of data necessary to respond to the need or request.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION:

We are permitted by law to use and disclose your PHI without your written or other form of authorization under certain circumstances as described below. This means that we do not have to ask you before we use or disclose your PHI for purposes such as to provide you with treatment, seek payment for our services, or for health care operations. We may also use or disclose your PHI without asking you for other activities or to State and/or Federal officials.

Treatment: we may use and disclose your PHI in order to provide, coordinate or manage your health care and any related services. Your PHI may be used or disclosed to our doctors, nurses, employees and other personnel who may be involved in your care. Your PHI may also be disclosed to individuals outside of our facility, such as family members, friends or other caregivers, clergy, nursing homes and other care providers who may be involved in your care.

Payment: we may use and disclose your PHI in order for our doctors and other health care professional to obtain payment for the medical treatment or service they provided you with. For example, obtaining approval for a hospital stay may require your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: we may use and disclose your PHI for our internal health care operations, such as administration, planning, quality improvement, and other activities that help us provide you with quality care. These activities include, but are not limited to, quality assessment activities, sign-in sheets at the registration desk, you may be called by name in the waiting room when your physician is ready to see you, contacting you to remind you of your appointment and with your specific approval, leave information at your home on an answering machine or to a duly authorized person acting on your behalf.

USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will seek your specific written authorization for at least the following information unless the use or disclosure would be otherwise permitted or required by law as described above:

- *HIV/AIDS Information
- *Tuberculosis information
- *Mental health information
- *Genetic information
- *Activities where we receive money

- *Sexually transmitted disease information
- *Psychotherapy notes
- *Drug and alcohol information
- *Marketing activities

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Right to Inspect/Copy PHI: you have the right to inspect and request copies of your PHI that we maintain. Please contact our Medical Records Department if you would like to inspect or request copies of your PHI from us we will respond in most circumstances within two weeks. We may charge you a reasonable fee for paper copies of your PHI or the amount of our reasonable labor costs for a copy of your Phi in electronic format.

Right to Revoke Authorization: you may revoke this authorization, at any time, in writing to the attention of Privacy Officer, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Right to Notice of Breach: we take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your PHI through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured PHI and inform you of what steps you may need to take to protect yourself.

Complaints: you may contact our Privacy Officer at any time if you wish to obtain any additional information or have questions concerning this notice or your PHI. If you feel your privacy rights have been or may have been violated, you may also contact our Privacy Officer **OR** file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

The notice was published and becomes effective September 23, 2013.

Please answer the questions below and affix your signature acknowledging that you received this Notice of our Privacy Practices and have provided specific direction and authorization in protecting your health information.

- **Who may we provide with your personal health information? (check all that apply)**

Self Spouse Children Other: _____
(Please Specify)

- **My we leave personal health information on your answering machine at home?**

YES NO

I hereby acknowledge that I have received Woodbridge Internal Medical Associates HIPAA Notice of Privacy Practices:

Signature: _____

Date: _____