



Your Health Information Privacy Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain privacy rights concerning your health care information. Under this law your health care provider cannot give your protected information to your employer, use or share your information for research or marketing purposes, or share notes from your records without your written consent. As your health care provider it is my responsibility to keep your information safe and secure; however, it is important that you understand that your information can be used and shared in the following ways:

- For coordination of care with your other health care providers.
- For continuity of your treatment when Dr. Leah Olsen is on vacation or ill. In non-emergency situations, communication for this purpose will generally be disclosed to you in advance.
- With your family, friends, relatives, or others *that you identify* who are involved in your health care or health care bills.
- To protect the public's health as required by law, such as reporting of certain communicable conditions to the state or county health authorities
- To make reports to the police as required by law, such as gunshot wounds
- To comply with a subpoena or other court order
- To obtain payment from third party payers

Please advise me how to communicate with you in a way that best meets your privacy needs. Check any statements below that apply:

Please do not phone me at home. Use this alternate phone number: _____

Please do not phone me at work. Use this alternate phone number: _____

Please do not leave messages on my answering machine

Please do not contact me by email

Please send mail, including my bills, to this alternate address:

Other request (please describe):

Patient Name (Please Print. Include parent/guardian name if patient is a minor)

Patient Signature (Parent/guardian signature if minor)

_____/_____/_____
Date