



## Privacy Disclosure & Policies

As our patient, you have the right to know how your private, confidential healthcare and personal information is being protected. Below are the methods in which we secure your information confidentially in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

### **In-Office Security**

The notes that are taken during appointments are kept in your chart and are secured in our clinic at all times. If patient charts are in public area, they are kept with the names covered. Access to this office is limited to practitioners, employees, preceptors and supervised guests.

### **Public Interaction**

Should we see you socially, by coincidence or intent, we will not acknowledge how we are acquainted unless you infer consent through introduction, etc.. It is our preference to discuss your health in the office setting only to protect your privacy and ensure that important information is kept in your chart.

### **Consultations**

We consult with other healthcare practitioners and clinical/laboratory specialists while working on patient cases and treatment plans. These conversations and transfers of information by phone, in person, by fax or email are confidential and names are not used unless necessary and consent is provided from you either verbally or in writing.

### **Records Released**

Your confidential healthcare information is private and cannot be copied and shared with anyone else without your written, signed consent. In some cases, if time does not permit, your verbal approval may be accepted after proper identification is acquired. Copies of released records are sent by mail or fax and are accompanied by a Confidential Patient Information Cover Sheet if faxed.

### **Definitions and Penalties to Comply**

Protected health information is any information, whether oral or recorded, in any form or medium that: 1) is created or received by a healthcare provider, health plan, public health authority, employer life insurer, school or university or healthcare clearing house in the normal course of business, and 2) relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of healthcare to an individual. This information may reside in any medium: tape, paper, disc, fax, email, and/or digital voice message.

**I have read and understand my right to privacy, as stated above, and agree to have the practitioners and employees of A Woman's Time maintain my records confidentially in accordance with the law. I agree to inform the practitioners and/or the employees of A Woman's Time if I need any special arrangements pertaining to this issue.**

**Name-printed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_