MMA SAMPLE FORM
*REVIEW CAREFULLY & ADAPT TO YOUR PRACTICE*

[Letterhead:  Physician/Practice Name]

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you visit us, we keep a record of your care and treatment. We take the protection of your personal information seriously. We are required to provide you with this Notice of Privacy Practices to tell you about our legal duties and ways we may use and share your information, and to inform you about your rights regarding your health information. We give a small number of examples to describe what the categories mean, but not every use or disclosure can be listed on this Notice.

You have a right to a paper copy of this Notice of Privacy Practices.

This Notice is effective as of: [insert date you begin to use in your practice] We will ask you to sign a written acknowledgment of receipt of our Notice. We reserve the right to change the terms of this Notice and post the current Notice in our office. You may obtain an updated Notice from our practice at any time.

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer: [insert privacy officer name and contact information].

How We May Use and Disclose Protected Health Information:

For Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and related services in our office or with a third party. For example, we may share your protected health information with a pharmacy for filling prescriptions, a laboratory or imaging center if you need diagnostic services, with a specialist to whom we refer you, or with a home health agency that provides care to you. We may share information with persons involved in your care, such as family members.

For Payment: We will use your protected health information to get paid for your healthcare services. We may share information with your insurance company to obtain payment for services or to seek pre-approval for a hospital stay or procedures.

For Our Healthcare or Business Operations: We may disclose your protected health information to support the business activities of this office, such as reviewing our care and our employees, for education and training, to support our electronic health record system, or for legal or accounting matters. We may use a sign-in sheet at the registration desk so that we may call you by name when we are ready to see you, and we may contact you to remind you of your appointment. If we involve third parties, such as billing services, in our business activities, we will have them sign a "business associate agreement” obligating them to safeguard your protected health information according to the same legal standards we follow.
HealthInfoNet: [Where applicable] We participate in a state-wide health information exchange called HealthInfoNet. This means that certain of your health information, maintained electronically, may be shared with other doctors and hospitals to care for you. For example, if you were injured in an accident and were treated by a hospital or provider that is part of HealthInfoNet, that new provider would have access to your electronic medical information, including your allergies, medications, and certain test results and diagnoses. Specially protected information including substance abuse treatment program records, mental health treatment facility records, HIV/AIDS information and genetic test results are not automatically included in HealthInfoNet. However, your mental health, substance abuse or HIV status may be learned by other HealthInfoNet providers based upon the listing of your medications, or through your services received by this office. If you do not wish to be included in HealthInfoNet, you may “opt-out” by filling out a form found online at http://www.hinfonet.org/patients/your-choices, by calling 866-592-4352, or by completing a paper form we can provide. If you change your mind, you may choose to join again later, but your previous health information will not be included.

When Allowed by Law: The law allows us to use or disclose your protected health information in certain situations, including:

- When required by state or federal law;
- To report abuse or neglect;
- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate;
- For disaster relief purposes, such as to notify family about your whereabouts and condition;
- For public health activities such as reporting on or preventing certain diseases;
- To comply with Food and Drug Administration requirements;
- For health oversight purposes such as reporting to Medicare, Medicaid or licensing audits, investigations or inspections;
- Where required by U.S. Department of Health and Human Services to determine our compliance;
- In connection with Workers’ Compensation claims for benefits; and
- To assist coroners or funeral directors in carrying out their duties.
- To comply with a valid court order, subpoena or other appropriate administrative or legal request if you are involved in a lawsuit or to assist law enforcement where there was a possible crime on the premises. We may also share your information where necessary to prevent or lessen a serious or imminent threat to you or another.
- If you are an inmate, we may release your information for your health or safety in the correctional facility; We may share your information with appropriate military entities if you are a member or veteran of the armed forces; We may be required to disclose information for national security or intelligence purposes.

With your Authorization: Other uses and disclosures will be made only with your written authorization. For example, we will ask for your written permission before promoting a product or service to you for which we will be paid by a company, and generally before sharing your health information in a way that is considered a sale under the law. If you sign an authorization, you may revoke it at any time, except where we have already shared your information based upon your permission.
Votre Droits: Voici une déclaration des droits en ce qui concerne les informations de santé protégées.

Vous avez le droit d'accéder, de vérifier et de copier les informations de santé protégées.
- Cela comprend généralement les dossiers médicaux et/ou de facturation. Vous devez soumettre une demande écrite au médecin, et vous acceptez de payer les frais raisonnables associés à la satisfaction de votre demande avant que nous ne vous fournissions vos informations.
- Vous pouvez demander à nous fournir votre record électronique sous format électronique. Si nous sommes incapables de fournir le record sous le format que vous avez demandé, nous le fournirons sous un format qui fonctionne pour vous et notre cabinet. Vous pouvez demander à nous transmettre votre record à une personne ou une entité spécifique en faisant une demande écrite et signée.
  [Si votre pratique utilise un service d'email non chiffré: Vous pouvez demander que l'information soit envoyée via notre système d'email si vous signez une déclaration indiquant que vous savez que l'email comporte des risques inhérents pour lesquels notre cabinet n'est pas responsable.]
- En certaines circonstances, votre médecin ne vous permet pas d'accéder à certaines parties de votre record. Vous pouvez demander que cette décision soit examinée par un autre professionnel licencié.

Vous avez le droit de demander des communications confidentielles, et de demander de nous contacter par des moyens alternatifs ou dans un autre endroit.

Vous avez le droit de demander une restriction de vos informations de santé protégées.
- Cela signifie que vous pouvez demander à nous ne pas utiliser ou dévoiler toute ou une partie de vos informations de santé protégées pour certaines raisons. Nous examinerons votre demande soigneusement et nous accepterons des restrictions raisonnables où c'est possible. La loi ne nous oblige pas à accepter toutes les demandes.
- Toutefois, si vous souhaitez restreindre certaines informations sensibles ou autres informations de santé à votre assureur après avoir versé en totalité la couverture de vos services, veuillez discuter de cette demande avec nous. Nous respecterons votre demande si nous n'avons aucune obligation légale de divulguer cette information.
  [Si applicable: Vous devrez faire une nouvelle demande de restriction à chaque consultation.
  Si applicable: Si votre plan d'assurance santé “boucle” ensemble vos services, nous ne pouvons pas refuser un seul service. Nous discuterons de vos options avec vous.
- Vous pouvez également demander que toute partie de vos informations de santé protégées ne soit pas divulguée à des membres de la famille ou des amis qui peuvent être impliqués dans votre soin ou pour des fins de notification comme décrit dans cette Déclaration de Confidentialité.

Vous avez le droit de recevoir un relevé de certaines décomptes que nous avons effectués de vos informations de santé protégées. Veuillez parler avec nous si vous avez cette demande.

Vous pouvez avoir le droit de demander une modification de vos informations de santé protégées. Bien que nous n'ayons pas le droit d'effacer votre record, nous pouvons ajouter votre déclaration écrite à vos informations de santé protégées pour corriger ou clarifier le record où le médecin approuve. Si le médecin refuse, vous pouvez soumettre une déclaration de désaccord et nous soumettre un réfut qui restera dans votre record.

Financement. [Si applicable: Nous ne menons pas actuellement de campagnes de financement. Si nous le ferons à l'avenir,...] Vous avez le droit de vous désister de toute sollicitation de financement ou de communication.
Breach notification. We are required to have safeguards in place that protect your health information. In the event that there is a breach of those protections, we will notify you, the U.S. Department of Health and Human Services and others, as the law requires.

You may file a complaint with us by notifying our Privacy Officer with your written complaint. We will not retaliate against you for filing a complaint with us or the Office of Civil Rights.

You may complain to the Office of Civil Rights at the Department of Health and Human Services (OCR) if you believe your privacy rights have been violated by us. You should contact the OCR in writing at: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html