

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information as outlined in Senate Bill 11, the Health Insurance Portability and Accountability Act.

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of our office. Each time you have contact with us; a record of your contact/visit is prepared and stored in a medical record. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment and future care. Your medical record is the physical property of Dr. Warren Katz, but you have certain rights to restrict some of the uses and/or disclosures of the information in the medical record. Dr. Warren Katz, however, has the right to use and disclose the information contained in your medical record in the process of providing treatment, receiving payment and performing other health operations such as:

- Documenting and describing the care you receive
- Communicating with other health care providers involved in your care
- Educating and providing data for medical research
- And Conducting other routine healthcare operations such as quality improvement and assessing healthcare provider competence

Your rights concerning your protected health information, except as otherwise provided by law, are as follows:

- To receive a paper copy of the Notice of Privacy Practices
- To receive a copy of your medical records upon written request
- To request an amendment to your protected health information (Dr. Warren Katz is not required to change the information)
- To receive an accounting of disclosures of your protected health information
- To request an additional restriction of use or disclosures (Dr. Warren Katz is not required to agree to a restriction; however this office is committed to honor the request unless use or disclosure is necessary to provide emergency treatment, or is otherwise permitted or required by law

If you have questions, you may contact the Practice Administrator at 972-239-7005. If you believe your privacy rights have been violated, you may submit a written complaint to the office of Dr. Warren Katz or the Office of the Secretary of Health and Human Services, United States Government.

_____ Date: _____
Patient/or legal guardian

Witness: _____ Date: _____

I would like the following persons to have access to my protected health information. I give Dr. Warren J. Katz permission to share my protected health information with:

Name _____ Relationship _____

Name _____ Relationship _____