



NOTICE OF PRIVACY PRACTICES
Osteopathic Wellness Medicine of WNY
235 S. Elmwood Ave, Suite 120
Buffalo, NY 14202
(716) 626-6301

Patient Name (please print): _____ Date of Birth: _____

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer services. An example would be an internal quality assessment review.

As required by HIPAA, we do require authorization for:

- Sale of PHI
- Disclosures of psychotherapy notes
- Marketing (where the provider is receiving payment to make marketing)
- Fundraising opt out
- Right to pay out of pocket
- Statement that the provider has a duty to notify them following a breach of their unsecured PHI

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your Protected Health Information (PHI), which you can exercise by presenting a written request to the Privacy Officer or Practice Administrator. Patients have a right to get an electronic copy. Request to transmit PHI must be in writing, signed by the individual, and clearly identify the designated person and where to send the copy of the PHI. An electronic request with an electronic signature is acceptable.

The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receiving an accounting of disclosures of PHI.
- The right to obtain a paper copy of this notice from us upon request.
- If a patient pays out of pocket for a healthcare service and requests the provider to restrict disclosure of the PHI to the patient's health plan, then the provider must agree to the restriction unless the disclosure is required by law.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of April 11, 2013, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal written complaint with our office or the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of this office. We will not retaliate against you for filing a complaint.

Please contact us for more information by asking to speak with our Privacy Officer at 716-626-6301 or for written inquiries note, "Attention: Privacy Officer." For more information about HIPAA or to file a complaint contact: The US Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201. Phone (202) 619-0257 or toll-free at 1-877-696-6775.

Witness Name/Signature: Faith Speciale, Beth Kaplan or Jamie Boyd

Signature: _____ Date: _____