

Privacy Policy



It is our policy to protect your privacy by keeping your medical records unavailable to anyone without your permission, or the permission of a parent (if you are a minor), or your guardian/power of attorney (if you have one). Accordingly, you should be aware that if a spouse, family member or friend wishes to obtain information about you and your treatment, we will not provide any information to them without your written permission. Even with such permission, we will give no information over the telephone, unless we have a personal relationship with the individual calling and can positively identify that person.

There are important exceptions to the Privacy Policy stated above. Our highest priority is your health care. Therefore, unless you inform us otherwise, in writing, we will provide information to other physicians and appropriate health care providers, as we judge to be in your best interest. If you are referred to this practice by another physician, that physician will receive reports regarding your care. Furthermore, we will provide reports to any physicians that are currently providing health care to you, including your primary physician and other health care specialists. This may include physicians to whom we refer you for additional evaluation and treatment. Also it may include any hospital or similar organization where you are likely to receive care.

If you have health care insurance coverage, including Medicare and Medicaid, diagnosis and procedure information will be included on all bills sent to your carrier or other paying entity. Furthermore, on request, we will provide copies of records to such organizations so that your insurance claims can be processed. If you do not want information sent to your insurance carrier, we will be happy to honor your request as long as you recognize that the insurance carrier will likely deny your claims resulting in your being personally responsible for payment.

We are required to provide your medical records in response to a valid court order. Furthermore, your records are available to law enforcement agencies when such is consistent with current public law.

If there are any items that you do not wish recorded in your medical record and this is not a violation of any law, please let us know, so your request can be considered.

I request that medical records not be sent to the following parties:

If there are no restrictions, please indicate by writing “no restrictions” on the above lines.

Patient Name

Date

Witness

Date