

## Integrative Hospital Associates Notice of Privacy Practices Short Form

Our practice is committed to educating our patients about healthcare issues that affect them. As a result, we are providing you with general information about the Privacy Rules, a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) along with a brief overview of our new Notice of Privacy. Our practice is complying with HIPPA's regulations.

**What is HIPPA and how does the Privacy Rule affect you?** When the Health Insurance Portability and Accountability Act (HIPPA) was passed in August of 1996 this gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to be compliant with this regulation on April 14, 2003. Under the Privacy Rule you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

**What is individually identifiable health information (IIHI)?** Any health information you provide, including your mailing address. Information that is created and retained by our practice or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual.

**What is the Notice of Privacy Practice?** Our practice has an official Notice of Privacy Practice posted in our waiting room informing our patients about their rights surrounding the protection of your IIHI and our obligations concerning the use and disclosure of your IIHI. This notice applies to all records created or retained by our practice. We can update our Notice of Privacy Practices at any time. It will be posted in our waiting room and you can ask for a copy of the current notice at any time.

The following categories describe the different ways in which we may use and disclose your IIHI:

<b>Treatment</b>	<b>Appointment Reminders</b>	<b>Release of information to family/friends</b>
<b>Payment</b>	<b>Treatment Options</b>	<b>Disclosures Required by Law</b>
<b>Healthcare Operations</b>	<b>Health related benefits &amp; services</b>	

The following categories describe unique situations in which we may use or disclose your identifiable health information:

<b>Public risks</b>	<b>Health oversight activities</b>	<b>Lawsuits</b>	<b>Law enforcement</b>
<b>Deceased patient's</b>	<b>Organ and tissue donation</b>	<b>Serious health threats/safety</b>	<b>Research</b>

### What are your rights concerning your individually Identifiable Health Information (IIHI)?

You have rights regarding the IIHI that we maintain about you. In our Notice of Privacy you can view the policies and procedures you will need to follow for the areas listed below:

1. Confidential communication
2. Requesting restrictions
3. Inspection and copies
4. Amendment
5. Accounting of Disclosures
6. Right to a paper copy of this notice
7. Right to file a complaint
8. Right to provide and authorization for other uses

If you have any questions regarding this notice or our health information privacy policies, please contact:

**Integrative Hospital Associates**  
**4711 A No. Dixie Hwy**  
**Fort Lauderdale, FL 33334**

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I have read the short notice provided by Integrative Hospital Associates and have been informed of how to obtain more information regarding our Notice of Privacy

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Signature of Patient

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Print Name of Patient