

2779 W. Horizon Ridge Pkwy., Suite 200 Henderson, NV 89052

Telephone (866) 634-3338 Fax (702) 666-0413

www.drsibel.com

HIPPA 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care options and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

<u>Treatment:</u> We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you or to a home health agency that provides care to you.

<u>Payment:</u> Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to medical students who see patients in our office. In addition, we may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your next appointment.

We may use or disclose your PHI in the following situation without your authorization. These situations include: as required by law, Public Health issue ie; Communicable disease; Health Oversight; Abuse or Neglect; FDA requirement; Legal proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Research;

Criminal Activity; Military Activity and National Security; Worker's Compensation; Inmates; Required Uses and Disclosures. Under the law, we must make disclosures to you and the Secretary of the Department of Health and Human Services, when required, to investigate or determine our compliance with the requirements of section 164.500.

Other permitted and required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your PHI:

- -You have the right to inspect and copy your protected health information.
- -You have the right to request a restriction of your protected health information.
- -You have the right to have your physician amend your protected health information.

Complaint

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with the Secretary of Health and Human Services by going through their website at www.hhs.gov.

For more information on HIPAA, please visit their website at www.hipaa.org.