

Rebecca M. Jones, M.D., LLC.

Notice of Privacy Practices Acknowledgment

I understand that, under the Health Insurance Portability & Accountability Act (HIPAA), I have a certain right to privacy regarding my protected health information. I understand that this information can and will be used to:

Plan and direct my treatment and follow-up among multiple healthcare providers that may be involved with my treatment directly or indirectly.

Obtain third party payments.

Conduct normal healthcare operations such as quality assessments.

I have read and understand the Notice of Privacy Practices containing a more complete description of the uses of my health information. I understand that Rebecca Jones, M.D. reserves the right to revise this notice at any time and that a current copy of this notice can be obtained upon request.

I understand that I may request in writing that Rebecca Jones, M.D. restrict how my private information is used or disclosed. I also understand that Rebecca Jones, M.D. is not required to agree to my requested restrictions, but if it does agree then Rebecca Jones, M.D. is bound to abide by such restrictions.

PATIENT NAME: _____

DATE: _____

SIGNATURE: _____

If patient under the age of 18, please have parent or guardian sign below:

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.

HIPAA is a federal program that requires that all medical records be kept properly confidential.

Rebecca Jones, M.D. may use and disclose your medical records for each of the following purposes:

Providing, coordinating, or managing healthcare and related services by one or more healthcare providers.

Obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, sending a bill for your visit to your insurance company for payment.

Include the business aspects of running our practice, such as, conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service.

Rebecca Jones, M.D. may contact you with appointment reminders or information about biopsy or lab results and alternative health-related benefits 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, which you can exercise by presenting a written request to Rebecca Jones, M.D.

The right to request restrictions on certain uses and disclosures of protected health information.

The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative location.

The right to inspect and copy your protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.