

# **NOTICE OF HIPAA PRIVACY PRACTICES**

**DR. FREEMAN & ASSOCIATES  
3290 CHURCH ROAD, RICHMOND VA 23233**

**This notice describes how your health information may be used and disclosed and how you are allowed to access your health information.**

## **OUR LEGAL DUTY:**

Our office is required by law to maintain the privacy of your health information. Our office is required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by law. You may request a copy of this Notice at any time.

## **USE OF DISCLOSURES OF HEALTH INFORMATION:**

With your signed consent, we can use and disclose health information about you for treatment, payment and daily office operations. For Example:

**TREATMENT:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you or consulting on your treatment.

**PAYMENT:** We may use or disclose your health information to obtain payment from you or your insurance providers for health services you have received.

**DAILY OFFICE OPERATIONS:** We may use or disclose your health information within our physical office location for the use of daily office operations such as scheduling appointments, relaying information to medical personnel, and filing insurance.

**APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders such as voicemail, answering machines, postcards, letters, or e-mail.

## **YOUR AUTHORIZATION:**

Unless you give us additional written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. We must disclose your health information to you. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may disclose that information to that specific person. Copies of your healthcare records may only be released with your signature, and we will use our professional judgment in allowing a person, other than the patient, to pick up prescriptions, medical supplies, x-rays or other medical records.

## **PERSONS INVOLVED IN CARE:**

We may use or disclose health information to notify a family member or the person responsible for your care, of your general condition. In the event of your incapacity or emergency circumstances, we will disclose health information based on our professional judgment and disclose only health information that is directly relevant to the person's involvement in your healthcare.

## **MARKETING:**

Your health information will not be used for marketing communications with third party companies.

## **REQUIRED BY LAW:**

We may use or disclose your health information when we are required to do so by law. We may disclose to military authorities the health information of Armed Forces personnel. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials health information of patients who are or becoming inmates.

# Sample Hipaa Privacy Manual

**Annelies Wilder-Smith**



## **Sample Hipaa Privacy Manual:**

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