

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable protected health information (PHI) used or disclosed by this office in any form, whether electronically, on paper, or orally are kept confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse PHI.

As required by HIPAA, Dr. Thorp has prepared this explanation on how this office is required to maintain the privacy of your health information and how PHI may be used and disclosed. Dr. Thorp may disclose your medical information for the following purposes: treatment, payment, and healthcare operations:

Treatment means providing, coordinating or managing health care and related services by one or more health care providers, such as a physical examination or assessment interview.

Payment means obtaining reimbursement for services through insurance providers.

Health Care Operations include the business aspects of running a business, such as conducting quality assessment and improving activities, auditing functions, cost-management analysis, and customer service, such as an internal quality assessment review. Dr. Thorp may also create and distribute de-identified PHI by removing all references to all individually identifiable information. Dr. Thorp contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization.

You have the following rights, which you can exercise by presenting a written request to the privacy officer:

1. The right to request restrictions on certain uses and disclosures of your health information, including those related to disclosures to family members, other relatives, close personal friends, or any person identified by you; however, the decision to disclosure PHI is at the discretion of Dr. Thorp. If we do agree to a restriction, Dr. Thorp must abide by it unless you agree in writing to remove it.
2. The right to a reasonable request to receive confidential communications of PHI from Dr. Thorp by alternative means or at alternate locations.
3. The right to inspect and copy your health information.
4. The right to amend your PHI.
5. The right to receive an accounting of disclosures of PHI.
6. The right to receive a paper copy of this notice from us upon request.

Dr. Thorp is required by law to maintain the privacy of your PHI and to provide you with the notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 15, 2013. Dr. Thorp is required to abide by the terms of the Notice of Privacy currently in effect. Dr. Thorp reserves the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. Dr. Thorp will post this information in her office. You may request a written copy of a revised Notice of Privacy from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with this office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provision of this notice or the policies and procedures of our office. We will not retaliate against you for filing your complaint.

For more information about HIPAA:

Or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
Ph: 1-(202)-619-0257
Toll Free: 1-877-696-6775