



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices, and the new terms of our Notice effective for all health information that we maintain, including the health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

Treatment: We may use or disclose medical information about you to provide you with medical treatment or services. We may use or disclose your medical information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. We may also disclose information to doctors, nurses, technicians, medical students and other practice personnel for review and learning purposes.

Appointment Reminders: We may use and disclose medical information in connection with our efforts to remind you that you have an appointment.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Abuse or Neglect: We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment or authorized by law.

Public Health and National Security: We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security.

For law enforcement: As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes.

Family, Friends and Caregivers: We may disclose your health information to those you tell us will be helping you with your treatment and medications, but only if you agree we may do so.

Your authorization: We will not disclose your health information other than with your written authorization. You may revoke that authorization at any time.

Patient Rights

Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information.

Confidential Communications: You have the right to request that we communicate with you in a certain way. You must make this request in writing.

Access: You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records.

Amendment: You have the right to ask us to update or modify your records if you believe that your health information records are incorrect or incomplete. We may deny your request under certain circumstances.

Disclosure Accounting: You have the right to ask us for a description of how and where your health information was used by our office for any reason other than treatment or health operations.

Request a Paper Copy of this Notice: You have the right to obtain a copy of this Notice directly from our office at any time.

We are required to practice the policies and procedures described in this Notice but we do reserve the right to change the terms of our Notice. If we change our privacy practice we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information.

Patient Acknowledgement

I hereby acknowledge that I have been provided with **Ministries of Jesus Notice of Privacy Practices** and that I have read and fully understand the notice. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient Name

Patient Signature

Office Use Only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other _____