

## S. RADI SHAMSI, M.D.

GASTROENTEROLOGY DISEASES OF THE LIVER DIAGNOSTIC AND THERAPEUTIC ENDOSCOPY

### NOTICE OF PRIVACY PRACTICES

Your privacy and the confidentiality of your personal health care information have always been high priorities in our office. It has always been our policy to release such information only with your written permission. A new federal regulation, the Health Insurance Portability & Accountability Act (HIPAA), now requires us to formally notify you of our privacy policy. This Notice describes how we may use and disclose your medical information, which we will refer to as "protected health information". This Notice also describes your rights to access and control your protected health information. When we refer to "we" in this Notice, we meant the staff in our office as well as any other entities we utilize, such as our billing service, transcription service, and answering service.

Your protected health information may be used or disclosed only for the following purposes:

- **Treatment:** We may disclose your protected health information to manage and coordinate your health care treatment. An example would be the forwarding of appropriate records to a consultant to whom you are referred.
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. An example would be sending a bill to your insurance company and providing them with any additional information about your treatment that they request to render payment.
- **Healthcare Operations:** We may use or disclose your protected health information to help the practice run smoothly, efficiently, and in compliance with applicable laws. This use and disclosure of your protected health information also helps us provide quality care. Examples would include an internal quality review or outside review of our practice by a government agency or insurance company. We may contact you to remind you of appointments. We may also need to share your protected health information with outside individuals or companies that perform services for the practice. For example, our billing or transcription services would have some knowledge of your protected health information in order to perform their function. However, when it is necessary to disclose your protected health information to business associates, we will make sure that they agree to safeguard the privacy of the protected health information in their possession.

Any other uses and disclosures of your protected health information will be made only with your written authorization. You may cancel this authorization at any time. You have the following additional rights with respect to your protected health information:

- The right to inspect and copy your protected health information
- The right to amend your protected health information. We are not required to agree with any such amendment and any disagreement will be noted in the record.
- The right to receive an accounting of disclosures of protected health information.
- The right to receive a copy of our Notice of Privacy Practices, at any time, as this policy may change with time.

Any questions about our privacy policy may be directed to our staff.