

Advanced Orthopedics - Nonsurgical & Regenerative Treatments
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HIPAA NOTICE OF PRIVACY PRACTICES

**THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TP) for purposes permitted that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by your physician, our staff and others outside of our office that are involved in your care and treatment for purposes of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

TREATMENT

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI as necessary, to a home health agency that provides care to you. For another example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT

Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

HEALTH CARE OPERATIONS

We may disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

PLEASE TURN PAGE OVER

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have received a copy of the HIPAA notice of privacy practices and understand that protected health information may be released to other healthcare providers, hospitals, insurance companies, etc. as outlined in the privacy policy.

In general, the HIPAA's privacy rule gives individuals the right to request a restriction on uses and discloses on their protected health information. The individual is also provided the right to request confidential communications.

I wish to be contacted in the following manner:

Home/Cell Phone _____
Authorized to leave a message **Y / N**

Work Phone _____
Authorized to leave a message **Y / N**

May we release information to your family? **Y / N**

Please list any family members that we may release information to:

Please list any family members that we **SHOULD NOT** release information to:

Signature

Date