

## Summary Notice of Privacy Practices

**Purpose:** This form is used to obtain acknowledgement of receipt of our Summary Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement. A full text version is available in the clinic or at [www.mc3.edu](http://www.mc3.edu)

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. If you have questions about the Notice, please contact our HIPAA coordinator.

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

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**Other permitted and required disclosures that may be made:**

Required by Law  
Abuse or Neglect  
National Security  
Appointment Reminders  
Educational Use

**Patient Rights**

- You have the right to look at or get copies of your paper or electronic health information.
- You have the right to request that we place additional restrictions on our use or disclosure of your health information.
- You have the right to request that we communicate with you about your health information by alternative means or to alternative locations.
- You have the right to request that we amend your health information.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- You have the right to file a complaint if you believe your privacy rights have been violated by us.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

**I have received a summary copy of this office's Notice of Privacy Practices**

\_\_\_\_\_ {Print Name} \_\_\_\_\_ (Date)

\_\_\_\_\_ {Signature}

For office use only: We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_\_\_ Individual refused to sign \_\_\_\_\_ Communications barriers prohibited obtaining the acknowledgement  
\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement \_\_\_\_\_ Other (Please Specify)

Developed 4/10/03  
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