

## **PATIENT PRIVACY NOTICE**

### **Our Commitment to Protecting Your Privacy & Earning Your Trust**

Earning and maintaining your trust and safeguarding your privacy is the cornerstone of our patient relationship with you. The protection of your privacy is a key part of maintaining your trust. The Patient Privacy Notice lets you know the information we collect about you, and how we safeguard and use this information to serve you.

### **Information We Collect About You**

We collect non-public information about you from the following sources:

- Information you provide directly to us upon registration, including financial contracts.
- Information we obtain from others to verify information provided by you, such as your insurance policy information and health history.

We only collect and use patient information that is necessary to render our procedures, provide superior service and make you aware of services that we believe will be a benefit and value to you.

### **Information We Disclose to Others**

We do not disclose any non-public, personal information about our patients (active or inactive), to non-affiliated third parties, without written consent from the patient. We are concerned about you and your privacy, and carefully limit and control the patient information we share with others. We do not disclose information about our patients (active or inactive) to anyone, except as outlined in this notice, or as permitted by law.

### **Our Security Procedures & Our Pledge To You**

We are committed to protecting the security of our patient information. We maintain strict internal policies regarding confidentiality of patient information. We limit access to this information to only those employees who require it in order to perform their jobs. We maintain physical, electronic and procedural safeguards that comply with federal guidelines to safeguard patient information. Our employees are bound by our policies to access patient information only for legitimate clinical and/or business purposes and to keep such information confidential at all times. We pledge to do all we can to protect your privacy. If you have any questions about our Privacy Policy, or about how your information is maintained, safeguarded or used, please contact our office manager.

I acknowledge having received a copy of the practice's Notice of Privacy Practices related to the Health Insurance Portability and Accountability Act of 1996.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_