



## ALARCON UROLOGY CENTER

### HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operation (TPO) and for other purposes 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 and future physical or mental health or condition and related to health care services.

Uses and Disclosure of Protected Health Information: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose 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 protected health information 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 protected health information, a necessary, to a home health agency that provides care to you. For example your protected health information 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 protected health information will be used, as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that you relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operation: We may use or disclose, as needed, your protected health information in order to support business activities of your physician’s practice. These activities include, but are not limited to support the business activities of your physician’s practice. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.



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### PF-3000(b) NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of health care service we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting your office's Practice Administrator.

Our Note of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

**By signature below, I authorize receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
PRINT PATIENT'S NAME

\_\_\_\_\_  
PATIENT'S MRN NUMBER

\_\_\_\_\_  
Patient or Legally authorized individual signature

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Printed Name if signed on behalf of the patient

\_\_\_\_\_  
Relationship to Patient

### AUTHORIZATION FOR PERSONS TO WHOM INFORMATION MAY BE DISCLOSED:

\_\_\_\_\_  
Print Name of person/organization

\_\_\_\_\_  
Relationship of Patient

\_\_\_\_\_  
Print Name of person/organization

\_\_\_\_\_  
Relationship of Patient