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HIPAA PRIVACY PRACTICES

(Using and Disclosing your Protected Health Information)

TREATMENT

We use medical/health information to provide you with treatment and/or services. We may disclose, release health information about you to your physician, nurses, technicians, and other employees in their offices to coordinate and manage your health care and any related services. Additionally, we may also disclose your health information to another physician and their staff whom we requested to be involved in your care/treatment.

PAYMENT

We will use and disclose your protected health information to obtain payment for the anesthesia services rendered to you. In other words, we may include your insurance plain information along with your protected information on a invoice/bill to a third party payer which identifies you, your medical/dental diagnosis, type of treatment rendered as well as the location involving your care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether or not your plan will cover the treatment.

HEALTH CARE OPERATIONS

We may use and disclose your protected health information to support the operations/activities of our practice. For example, we may disclose your health information to third party business associates who performs billing, consulting, or other services for our practice.

FAMILY OR FRINEDS INVOLVED IN YOUR CARE

We may release medical information about you to a family member, other relative, or close personal friend who is involved in your medical care if the information released is directly relevant to such person's involved. We may release information to someone who helps pay for your care as well as tell your family or friends that you are being treated at the specified location.

APPOINTMENT REMINDERS

We will use and disclose information to contact you as a reminder that you have an appointment for treatment and scheduled appointment.

REQUIRED BY LAW

We will use and provide your protected health information when required by federal, state, or local laws.

AUTHORIZATIONS

Your authorization is required for other disclosures. To authorize us to use or disclose your protected health information, you must sign a written authorization to do so. You also have the right to withdraw or revoke your authorization. To revoke your authorization, you must have a written request effective on the date signed. You also have the right to inspect/copy the protected health information we maintain on you as long as the records are maintained by this practice. We may charge you a fee for copying and mailing the records per your written request.