ANSON • EDWARDS • HIGGINS
PLASTIC SURGERY ASSOCIATES

Protecting Your Confidential Health Information is Important to Us

Patient's Name _____
Last First Date

PATIENT RIGHTS

This new law is careful to describe that you have the following rights related to your health information.

RESTRICTIONS

You have the right to request restrictions on certain uses and disclosures of your health information. Our practice will make every effort to honor reasonable restriction preferences for our patients.

CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you in a certain way. You may request that we communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

INSPECT AND COPY YOUR HEALTH INFORMATION

You have the right to read, review and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may charge you a reasonable fee to duplicate and assemble your copy.

AMEND YOUR INFORMATION

You have the right to ask us to update or modify your records if you believe your health records are incorrect or incomplete. We will be happy to accommodate you as long as this office maintains this information. In order to standardize this process please provide us with your request in writing and describe your reason for change. Your request may be denied if the health information was not created by our office, is not part of your records or if the records containing your health information are determined to be accurate and complete.

DOCUMENTATION OF HEALTH INFORMATION

You have the right to ask us for a description of how and where you health information was used by our office for any reason other than for treatment, payment or health operations

REQUEST A PAPER COPY OF THIS NOTICE

You have the right to obtain a copy of this notice of Privacy Practices directly from our office at any time. Give us a call and we ill mail or email a copy to you. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practice. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure our patients have access to a copy of the revised notice by posting it online. You have the right to express complaints to us or to the secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns that you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.

In connection with the medical services that I am receiving from Anson, Edwards & Higgins Plastic Surgery Associates, and its medical staff, I hereby authorize Anson, Edwards & Higgins Plastic Surgery Associates, the above-named physician(s), and their respective agents to disclose any and all the information concerning my medical condition and treatment (including, but not limited to, super-confidential information concerning sexually transmitted diseases, mental health, chemical dependence, or other such information), including copies of applicable hospital and medical records to:

A. Any third party payer covering medical services of the patient;
B. Other health care professionals and institutions involved in the delivery of health care to the patient;
C. The proponent of any legally sufficient subpoena, or in response to a court order;
D. Employees and agents of the practice, to the degree necessary to facilitate the provision of health care services and payment for such services;
E. Pharmacies; and
F. As otherwise required by law

WITH AUTHORIZATION

Other than where Federal, State or local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization at any time, except to the extent that we have already made a use or disclosure based upon your authorization.

VERBAL AUTHORIZATION

We may also use or disclose your information to care givers or family members that are directly involved in your care with your verbal permission.