

Summary of HIPAA Privacy Rules

HIPAA is a federal law that affords you rights over your protected health information (PHI) and sets rules and limits on who can look at and/or receive your health information. An abbreviated summary of these rights is included below. A more extensive outline of your HIPAA rights can be found at www.hhs.gov/ocr/hipaa/ or on our website loiscaranimd.com. If you do not have access to the internet, a printed copy can be provided to you at no charge.

Under HIPAA law, you have the right to:

- Ask to review and/or receive a copy of your paper or electronic health record. Please ask us how to do this. We require 30 days from the time a written request is submitted to us in order to provide this record and there will be an associated cost-based fee for this service.
- Request to have corrections made to your health record. We have 60 days to review and process your request but we can say “no” if our medical review determines that your health record is correct.
- You may direct us to contact you in a certain way (phone, fax, email) and we will make every effort to honor your specific preferences. *It is your responsibility to update us promptly in writing if your contact preferences change.*
- You *may* choose to designate (in writing) a specific person or persons that we may divulge protected health information to in order to best care for your medical needs. You may withdraw this permission or change the designee in writing at any time.
- Designate a medical power of attorney to exercise your rights under HIPAA and to make decisions about your health care in the event that you are unable to do so yourself. We will make every reasonable effort to verify that the designated medical power of attorney has the appropriate legal authority prior to allowing them to act on your behalf.

Summary of HIPAA Privacy Rules (cont.)

How Your Protected Health Information May be Shared:

- We require the use and sharing of your PHI in order to medically treat you, to consult with other medical / allied health professionals, to conduct our intra-office operations including the sharing of PHI with our electronic health record vendor and to bill insurers. *By signing below, you indicate that you understand and agree to this.*
- If you do *not* wish to have your PHI shared with your medical insurer, you may choose to pay for your medical care out of pocket and in full at the time of service. Please see our “self pay” financial policy at loiscaranimd.com.
- *Given that the federal government has mandated the use of electronic health records, we are **not** able to honor any request to **not** share your PHI with our electronic health record vendor/clearinghouse.*
- We will share PHI in order to comply with state and federal laws, including as required by the Department of Health and Human Services, reporting suspected abuse or potential harm to the health or safety of others, in response to court orders or subpoenas, or in the event of death, to organ procurement organizations, the coroner, medical examiner or funeral director.
- ***I have read and I understand my HIPAA rights. My questions have been answered about how my PHI may be shared by Lois Carani, MD, LLC and all bonafide business associates of this practice. My understanding and agreement is indicated by my signature below:***

X _____

X _____