

LUIS F. PINEDA, M.D., P.C.

PRIVATE POLICY

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and other records that our physicians and our practice use for making decisions about you. You may be billed for cost involved in the copying of your chart. If you are reviewing a representative of the practice must be present and advanced notice must be given for approval.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact, Gina Seibert, if you have any questions about access to your medical records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your case or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and must state the specific restriction requested and to whom you want restrictions to apply.

Our practice is not required to agree to a restriction that you may request. If our physician believes it is in your best interest to permit use and disclosure of your protected health information, your information will not be restricted. If the physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind please discuss any restriction you wish to restrict with our physicians. You may request a restriction by submitting a written statement on the protected health information you wish to be restricted to your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable request. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Privacy Notice from us.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. The Practice of Luis F. Pineda, M.D., P.C. will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Gina Seibert, at 205-978-3570 or e-mail her at Gina@luisfpinedamdpc.com for further information about the complaint process.

This notice was published and becomes effective on January 1, 2003

I have completely read and I fully understand & agree with all the above.

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Power of Attorney: _____ Date: _____

Practice Representative verifies copy given to patient: _____
Please initial above