



*Workers' Compensation. Our practice may release your IHI for workers' compensation and similar programs.*

**YOUR RIGHTS REGARDING YOUR IHI**

You have the following rights regarding the IHI that we maintain about you:

**1. Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to us. Our practice will accommodate **reasonable** requests.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IHI for treatment, payment or health care operations. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You must make your request in writing.

(b)

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for an amendment. Our practice will deny your

request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI kept by or for the practice; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IHI for non-treatment, non-payment or non-operations purposes. Use of your IHI as part of the routine patient care in our practice is not required to be documented. Our practice will notify you of the

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Dr. Peters. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our staff.

I, \_\_\_\_\_, have received, read and understand REDI CARE SOUTH's Notice of Privacy Practices.

Date \_\_\_\_\_

It is not mandatory to sign this form to receive Medical Care.