

# ***\*PLEASE READ FRONT AND BACK OF FORM\****

## **Patient Privacy Notice**

The staff of Dr. Raja M. Din, M.D., PLLC values the relationship with our patients and takes personal privacy seriously. This Privacy Notice explains how we manage the personal and health care information that you have provided and how that information is used. Please read this notice carefully.

***Information we collect about you:*** We collect nonpublic personal information about you or your family. We **require** a copy of your insurance card and Photo ID. This personal information may include your name, address, telephone numbers, date of birth, Social Security number, and your employer information.

***How your information is used:*** The information you provide is stored in a secure electronic health medical records format, and is used to effectively obtain insurance benefits and to provide effective healthcare.

Please note:

- On arrival you will sign your name on a sign in sheet. Your name will be called if you are needed at the front desk or if you are being taken to the exam room.
- Your personal health information will be discussed with your physician or another healthcare provider. Information may be requested by your insurance company to properly file a claim. A laboratory may require some of your personal information, however, that is usually limited in nature.
- Your doctor may discuss aspects of your case with one of his/her colleagues or information may be given to a specialist in order to provide treatment.
- The information you provide may be used to confirm appointments including messages by voicemail, email, or text message.

***Safeguarding your personal and health information:*** We restrict access to your personal and health information to only those employees who need to know the information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations in order to guard your personal and health information.

***Changes to our privacy policy:*** We occasionally review our privacy policy and reserve the right to amend it. Should our privacy practices change, we will post a copy of the revised Notice on our website. You may request and obtain a copy of our Patient Privacy Notice any time you visit our office or view it on our website.

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my health information. I understand this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up

- This may include multiple healthcare providers who may be involved in my treatment, either directly or indirectly;
- Conduct normal healthcare operations such as quality assessments; and view my prescription history from other sources in order to facilitate appropriate medication orders.

I understand this practice has the right to change its Patient Privacy Notice and that I may contact this practice at any time to obtain a current copy. I understand that I may request (in writing) restriction or limited of use of my health information. I also understand that you are not required to agree to my request, however if agreed, you are obligated to abide with my restrictions.

I may revoke this consent (in writing) at any time, except during which times this practice has already shared information related to my healthcare, in relationship to my signature and date on this consent.

By checking and initialing on my demographic form, I acknowledged receipt of, and agreement to this practice's patient financial responsibility policy.

**\*PLEASE  BOX AND INITIAL ON PATIENT DEMOGRAPHIC FORM\***