

**Patient:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### **HIPPA (Page 1 of 3)**

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review these policies carefully.

#### **Introduction**

Cini Abraham, M.D., P.A. is committed to treating and using protected health information about you/your child responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

#### **Understanding Patient Health Record/Information**

Each time you/your child visit our office, a record of the visit is made. Typically this record contains symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as the patient's health or medical record, serves as a:

- Basis for planning patient care and treatment
- Means of communication among the many health care professionals who contribute to the patient's care
- Legal document describing the care received
- Means by which the patient or a third-party payer can verify services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and this nation
- A source of data for our planning and marketing
- A tool with which Cini Abraham M.D., P.A. can assess and continually improve the care we render and the outcomes we achieve

Understanding what is in the patient record and how patient health information is used helps patients to: ensure the information's accuracy; better understand who, what, when, where, and why others may access patient health information; and make more informed decisions when authorizing disclosure to others.

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HIPAA (page 2 of 3)

### Patient Health Information Rights

Although the patient record is the physical property of Cini Abraham, M.D. P.A., the information belongs to the patient. Patients have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect, amend and/or copy patient health record as provided for in 45 CFR 164.524
- Obtain an accounting disclosure of patient health information as provided in 45 CFR 164.528
- Request communications of patient health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of patient information as provided by 45 CFR 164.522
- Revoke patient authorization to use or disclose health information except to the extent that action has already been taken

### Our Responsibilities

Cini Abraham, M.D., P.A. is required to:

- Maintain the privacy of patient health information
- Provide patients with this legal notice as to our legal duties and privacy practices with respect to information Cini Abraham, M.D., P.A. collects and maintains about its patients
- Abide by the terms of this notice
- Notify patients if Cini Abraham, M.D., P.A. is unable to agree to a requested restriction
- Accommodate reasonable requests patients may have to communicate health information by alternative means or alternative locations

Cini Abraham, M.D., P.A. reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain.

Should our information practices change, Cini Abraham, M.D., P.A. will mail a revised notice to the address provided by the patient.

Cini Abraham, M.D., P.A. will neither use nor disclose patient health information without a patient authorization, except as described in this notice.

Cini Abraham, M.D., P.A. will also discontinue to use or disclose a patient's health information after the clinic receives a written revocation of the authorization according to the procedures included in the authorization.

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HIPAA (page 3 of 3)**

**For more Information or to Report a Problem**

Please contact Cini Abraham, M.D., P.A. at 2249 Ridge Road, Rockwall, TX 75087 with any additional questions. If a patient believes his or her privacy rights have been violated, please file a complaint with Cini Abraham, M.D., P.A.'s Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. Cini Abraham, M.D., P.A. will not retaliate.

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

---

**HIPAA**

**Acknowledgement of Review of Notice of Privacy Practices for  
Cini Abraham, M.D., P.A.**

I have reviewed Cini Abraham, M.D., P.A.'s Notice of Privacy Practices completely, which explains how patient medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

---

Print Patient Name

---

Signature of Patient or Guardian

---

Date

---

Witness Signature (For office use only)