

NOTICE OF PRIVACY PRACTICES  
OF PATTI C. HUANG, M.D., PA

Effective April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule applies to all protected health information (PHI) in this office; including information stored and transmitted electronically, paper records, and oral communications. PHI includes any information as it relates to the past, present, or future conditions of any of our patient; any treatments they have received; and health care payment information.

In keeping with HIPAA compliance, this office has appointed a privacy officer to continually evaluate our privacy practices, train our staff about privacy issues, supervise the sharing of information with third parties, and address any complaints from patients, their friends, and loved ones, staff, other providers, and members of the community. **The physician may share patient health information with family members unless requested in writing by the patient that all patient health information will be discussed and shared with the patient only.**

This office may use and disclose medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us; or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be release to insurance companies, HMO's and PPO's, managed care organizations, IPO's Medicare/Medicaid, or other governmental or third party payor, or any organizations contracting with any above entities to perform such functions. Medical records may also be delivered to primary care or physician or any other physician that is directly responsible for your medical care or the payment thereof.

**This office will not use or disclose any of your medical and financial information for any purpose not stated above without your specific authorization.** You may revoke your authorization at any time.

You may request restrictions on certain uses and disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information, you have the right to inspect, copy and amend your protected health information, you may also request an accounting of disclosures of your protected health information from this office.

You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the finding. No retaliation will be made against you by this office because you registered a complaint. You may also file a complaint with the Security of the Department of Health and Human Services.