



GI Healthworks

GASTROENTEROLOGY AND HEPATOLOGY

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NOTICE OF PRIVACY PRACTICES

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.

Uses and Disclosures

- Your personal health information, including your clinical records, may be disclosed to another healthcare provider and/or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your healthcare records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services.
- Your name, address, phone number, and your healthcare records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. By initialing, you are authorizing our ability to leave messages.

YES _____

However, you also have the right to refuse this service by initialing. If you do not allow us to contact you as a reminder of your appointment, we reserve the right to refuse services or a deposit may be required to assure all appointments are kept.

NO _____

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in certain limited circumstances,

- Medical emergencies
- In situations required by law
- Individuals involved in your care
- When requested by a public health agency
- When requested by a law enforcement agency

For any purposes other than treatment, obtaining payment, or certain circumstances as listed above, we will ask your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.

Patient Rights

- You have the right to request in writing to inspect and/or receive a copy of your health information.
- You have the right to request an alternative means or location to receive communications regarding your health information.
- You have the right to request in writing to restrict some of the uses and disclosures of your health information.
- You have the right to request in writing an accounting of certain disclosures of your health information that were made by this office.

ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have received a copy of GI Healthworks Notice of Privacy Practices. This notice describes how GI Healthworks and its staff may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature:

Date:

Representation by another party

Name of Representative:

Signature:

Date:

Relationship to patient:
