

# Gumbs Orthopedic Medical Group

A Medical Corporation

## Notice of Privacy Practices

### HIPAA

This notice will describe the protection of your health information, here at Gumbs Orthopedic Medical Group, as required by law. It will state the uses and disclosures of the information and for what purposes. This notice will also describe your rights, as a patient, with respect to your health information and how it is used.

Gumbs Orthopedic Medical Group abides by all Federal, State and Local regulations. In doing so, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) requires that a Notice of Privacy Practices be created for the patient. This explains your rights to your information.

Law requires Gumbs Orthopedic Medical Group to:

- Maintain the privacy of your individually identifiable Private Health Information (PHI)
- Provide you with a notice of your rights and our practices (Notice of Privacy Practices)
- Abide by HIPAA

Gumbs Orthopedic Medical Group protects your personal health information from inappropriate and unlawful use and disclosure. Our employees have a firm understanding of requirements that protect your confidentiality as a health care consumer. The uses and disclosures are for things such as treatment, payment or other healthcare operations.

Gumbs Orthopedic Medical Group will not use or disclose any of your personal health information for the purposes of marketing their products to you.

Gumbs Orthopedic Medical Group will use and disclose your personal health information in appropriate manners.

**Payment, Treatment or other Healthcare Operations:** For purposes of ensuring payment for the medical services provided, Gumbs Orthopedic Medical Group will disclose personal health information. Use or disclosure is not limited to, but does include referring doctor, patient's employer, attorney or other such examples to ensure a patient's proper treatment.

**When required by law or for public health activities:** Gumbs Orthopedic Medical Group discloses personal health information required by federal, state or local laws.

**Health related benefits or services:** This information assists us in helping you learn your benefits under your policy.

**Right to inspect and correct your medical record:** You own your medical health information. If at any time you would like to see what is in your record, a request can be made to either get a copy of your record or to inspect it in person. The request must be made in writing with your signature at the bottom. You do deserve the right to inform the doctor of any mistakes you might notice in the record. For a copy of the record, you need only pay a nominal fee.

**Right to a List of Disclosures:** You have the right to see to whom and where your information has been sent. Please send a request in writing to Gumbs Orthopedic Medical Group.

**Right to request Restriction:** You have the right to restrict to whom and where your information is disclosed. To submit a restriction, please submit your request in writing to Gumbs Orthopedic Medical Group. We are not required to agree to your request.

**Right to file a Complaint:** If you feel that your information is improperly being used or disclosed and would like to file a complaint with us or the Department of Health and Human Services, please submit all complaints in writing. You will not be penalized for filing a complaint.

I HAVE READ THE ABOVE AND UNDERSTAND MY RIGHTS UNDER HIPAA.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_