

IPM SURGERY CENTERS, INC.
NOTICE OF PRIVACY PRACTICES

TO OUR PATIENTS:

The privacy of your health information is very important to us. We want you to understand how we use and disclose your information and your rights to this information. We ask you to review our Notice of Privacy Practice that describes the legal duties with respect to your healthcare information.

HOW WE USE HEALTHCARE INFORMATION:

We use information regarding you to provide treatment, insure appropriate payment for the treatment(s) we provide, and monitor the quality of our operation.

WHEN WE MAY DISCLOSE INFORMATION:

In certain limited cases, we are permitted to disclose healthcare information. Example, when there is a serious threat to your health and or safety, for Workers' Compensation, to reduce public health risks, or when concerned with law enforcement. In addition, we may disclose information to tell you about related services and alternate treatment and to discuss health related research with your permission.

INFORMATION RIGHTS:

- You will have the right to know how we use your healthcare information, who we can give it to and your rights to this information.
- You have the right to ask us to restrict our uses and disclosures where we believe such restrictions will not harm you and where it is possible for us to do so.
- You have the right for a confidential communication of your healthcare information. For example, you can ask for a conversation to be held in private or for your billing to go to another address.
- You have the right to look or copy information in your chart, unless the doctor feels this would be harmful to you or someone else.
- You have the right to request that we amend your records, if we agree it is inaccurate or incomplete.
- You have the right to ask us for information regarding who we have disclosed your healthcare information to, someone other than those treating you, handling your bills, for our internal operation, or when you have authorized release of information.

Please sign below that you have reviewed our Notice of Privacy Practices. If you have any questions, please feel free to speak to your Physician or our Office Manager.

Printed Name: _____

Signature: _____