

Notice of Privacy Practices

Colon & Rectal Associates of Texas Plano, Texas

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.*

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 released to insurance companies, HMOs and PPOs, managed care organizations, IPAs, Medicare/Medicaid, or other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions. Medical records may be delivered to a primary care physician or any other physician that is directly or indirectly 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. This authorization may be revoked by you, the patient, 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.

We are legally obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms. We reserve the right to change our privacy practices and apply revised privacy practices to protected health information.

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 findings. No retaliation will be made against you by this office because you registered a complaint. You also may file a complaint with the Secretary of the Department of Health and Human Services.

You may speak with the Office Manager to obtain additional information regarding any questions you may have concerning this Notice or to receive a printed copy of the Notice. This Notice of Privacy Practices is effective as of April 14, 2003.

Acknowledgement of Receipt
Notice of Privacy Practices
for
Colon and Rectal Associates of Texas

I acknowledge that I have received and understand the Notice of Privacy Practices for this office.

Patient Signature _____ Date _____

Staff Signature _____

4/2003
NoticeOfPrivacyPractices.doc

Refusal to Sign
Notice of Privacy Practices
for
Colon and Rectal Associates of Texas

Date _____

Patient Name _____

The above-named person refused to sign receipt of their copy of the Notice of Privacy Practices for the following reason:

Staff Signature _____ Date _____

NoticeOfPrivacyPractices.doc
4/2003