

REGISTRATION FORM

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY AND SIGN AT THE BOTTOM.

Dr. Osar and CIMS are required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of legal duties and privacy practice with respect to your protected health information.

Disclosure of Health Care Information

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

Payment: We may disclose your health information to your insurance provide for the purpose of payment or healthcare operations.

Workers' Compensation: We may disclose your health information as necessary to comply with State Workers' compensations laws.

Emergencies: We may disclose your health information to notify or assist in notifying an immediate family member or other person responsible for your care, about your medical condition in the event of an emergency or your death.

Public Health: As required by law, we may disclose your health information to the public health authorities for purpose related to preventing or controlling disease. Injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the FDA problems with products and reactions to medications and reporting disease or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement: We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, or other law enforcement policies.

Deceased Persons: We may disclose your health information to coroners or medical examiners in the event of your death.

Organ Donation: We may disclose your health information to organizations involved in procuring, banking, and transplanting organs/tissues.

Research: We may disclose your health information to researchers conducting studies that has been approved by an Institutional Review Board.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner and government benefits purposes.

Phone Messages/Emails: We may contact you for office affairs and appointments.

Change of Ownership: In the event that Dr. Osar and CIMS are sold/merged with another organization, your health information/record will become property of the new owner.

Your Health Information Right

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dr. Osar and CIMS are not required to agree to the restrictions that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery. This request must be in writing, signed by you, and list and limitations.
- You have the right to inspect and request a copy of your health information. Any copy of your file will be delivered within a reasonable time to you or the party that you designate as a recipient on forms available in our office.
- You have a right to request that Dr. Osar and CIMS amend your protected health information. Please be advised, however, that Dr. Osar and CIMS are not required to agree to amend your protected health information. If your request is denied, you will be provided with an explanation.
- You have a right to receive an accounting of disclosures of your protected health information made by Dr. Osar and CIMS.
- You have a right to a paper copy of this Notice of Privacy Practices at anytime upon request.

Changes to this Notice of Privacy Practices

Dr. Osar and CIMS reserve the right to amend this Notice of Privacy Practice at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Osar and CIMS are required by law to comply with this notice. Dr. Osar and CIMS are required by law to maintain the privacy if your health information and to provide you with notice of their legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact our office.

Complaints

Complaints about your privacy rights of how CIMS has handled your health information should be directed to Dr. Osar. If you were not satisfied with the manner in which Dr. Osar or CIMS handles your complaint, you may submit a formal complaint to the Office of Civil Rights.

This Notice is effective as of ____/____/____

I have read the Notice of Privacy Practices and understand my rights contained in the notice. By signing below, I provide Dr. Osar and CIMS with my authorization and consent to use and to disclose my protected healthcare information for the purposes of treatment, payment and healthcare operations as described above.

Patient's Name (Printed): _____

Patient Signature/Guardian's Signature: _____ Date: _____

Authorized Facility Signature: _____ Date: _____