



# Privacy Policy

Be sure to read these policies carefully – they will impact your time at ABG.  
After you have read it, sign this form and bring a copy to your first appointment. Please save a copy of the form in your folder for reference.

This notice describes how medical information about you may be used and disclosed and how you can have access to this information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). **Please review carefully.**

## Your Rights

You have the right to:

- *Get a copy of your medical record.*
  - A copy of each report is automatically mailed to you within 5 days of its completion. Two additional copies are available within 10 business days of your written request at \$15. Additional copies requested at the same time are available at \$5 per additional report.
- *Ask for information in your medical record that you believe is incorrect or incomplete to be corrected.*
  - We may refuse, but we will tell why in writing within 60 days of your written request.
- *Request confidential information to be communicated in a specific way (e.g., home or office phone, e-mail) or have mail sent to a different address.*
  - We will say “yes” to all reasonable requests.
- *Ask us to limit the information we share when it is not related to treatment, billing/payment, or our business operations.*
  - We are not required to say “yes” to your request, and we may say “no” if it would affect your care.
- *Get a list of those with whom we’ve shared your information.*
  - You can ask for an accounting of the times we’ve shared your health information for six years prior to the date of your request, whom we shared it with, and why. We will include all disclosures except those related to treatment, billing/payments, and healthcare operations.
  - We will provide one accounting per year for free but will charge \$35 for a second accounting within a 12-month period.
- *Get a copy of this privacy notice.*
  - You can ask for a copy of this privacy notice at any time and we will provide it to you promptly.
- *Choose someone to act for you.*
  - If you have a legal guardian or have given someone medical power of attorney, that person can exercise your rights and make choices about your health information.
  - We will ask that person to supply legal proof of their authority before we take any action.
- *File a complaint if you believe your privacy rights have been violated.*
  - ABG’s Privacy Officer is Mary Nel ([mary.nel@abgtherapy.net](mailto:mary.nel@abgtherapy.net); 970.663.3222). Please contact Mary immediately if you feel that any of your rights have been violated.
  - You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington DC 20201, or calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We promise not to retaliate against you for filing a complaint. We do hope that you will talk to us first but this is not a requirement.

## Your Choices

You have some choices in the way that we use and share your information as we:

- *Share information with selected friends and family*
- *Share information in a disaster relief situation.*
- *Market our services. (Requires written permission)*
- *Raise funds (You can ask for no further requests, if contacted).*

Revised September 2017; Implemented 9/25/17.

## Our Uses and Disclosures

We may use and share your information as we:

- *Treat you.*
  - We will share your information as needed with other members of your healthcare team in order to offer you the most effective treatment.
- *Run and manage our practice.*
  - We can use your health information to run our practice, *improve your care, and contact you as needed.*
- *Bill for your services.*
  - We can use and share your health information to bill and get payment from your health plan or other entities.
- *Help with public health and safety issues.*
  - We are allowed and required to share your information in other ways that contribute to the public good, such as health and research. We need to meet many conditions before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html)
- *Participate in health research.*
- *Comply with the law*
  - We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- *Work with a medical examiner.*
  - We can share information with a coroner, medical examiner when an individual dies.
- *Address workers' compensation, law enforcement, and other government requests. We can share your information for:*
  - Worker's compensation claims.
  - Law enforcement purposes.
  - Activities authorized by law by health oversight agencies.
  - Special government functions such as military, national security, and presidential protective services.
- *Respond to lawsuits or legal actions when required.*

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the security of your protected health information.
- We must respect and follow the duties and practices described in this notice and give you a copy of it.
- We will not share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.
- We do not sell personal or protected health information for any reason.

***I have read and agree to abide by the above policies.***

Client name: \_\_\_\_\_

Name of responsible party: \_\_\_\_\_

Signature of responsible party: \_\_\_\_\_

Date of signature: \_\_\_\_\_