

CLIENT RIGHTS

Right to request how we contact you:

It is my normal practice to communicate with you at the home address and daytime phone number you gave us when you scheduled your appointment, about health matters, such as appointment reminders etc. Sometimes I may leave messages on your voicemail. You have the right to request that my office communicate with you in a different way.

Right to release your medical records:

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that I have acted in reliance on such authorization

Right to inspect and copy your medical and billing records:

You have the right to inspect and obtain a copy of your information contained in my medical records. Please contact me to request access to your billing or health information. Under limited circumstance I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

Right to add information or amend your medical records:

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. I will make a decision on your request within 60 days, or some cases within 90 days. Under certain circumstance, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. Please contact me to request an amendment. I will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an accounting of disclosures:

You have the right to request an accounting of disclosures, if any, which is a list of certain disclosures such as child or elder abuse, disclosures related to suicidal or homicidal threats, disclosures to the U.S. Dept. of Health and Human Services to evaluate compliance.

Right to request restrictions on uses and disclosures of your health information:

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to me. However, I am not required to agree to such a request.

Right to complain:

An individual will not be retaliated against for filing such a complaint. If you believe your privacy rights have been violated, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services.

Right to receive changes in policy:

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from me.