



401 N Boone Street Johnson City, Tennessee 37604

Notice of Privacy Practices Summary And Authorization

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and our formal Notice of Privacy Practices (NPP) our office will, without asking further consent or authorization, use and disclose your Protected Health Information (PHI) for the purposes of:

- Treatment
- Payment
- Health Care Options, Interactions and Referrals
- Advice of Appointments and Services
- Sign-In Log
- Court Orders, Subpoenas and Government Investigations
- Advise Family/Friends directed by you to receive information regarding your health or to assist in the settlement of your account
- This office will NOT disclose or sell your PHI, and will only disclose your PHI when necessary, and in keeping with the details of the full Notice of Privacy Practices (NPP).
- You have the right to revoke, request special limits or conditions, to receive communication by more confidential means or at alternate locations, to inspect and copy your PHI, and to amend your PHI.
- Copies of the full NPP may be obtained upon request. Our office strives to maintain HIPAA compliance.

I understand that by signing the above statement I have been notified of my rights in compliance with HIPAA regulations. I have been advised that I may request a complete copy of these rights available through the HIPAA officer at this location.

Signature _____

Date _____

OTHER PARTIES:

I hereby request that my personal health information may be released upon request to the following:

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____