

Dr. Lisa Davis ,M. D., P. A.

Acknowledgment Form

Dear Patient,

Attached is a copy of Lisa A. Davis, M. D., P. A. 's **Notice of Privacy Practices**. This *Notice of Privacy Practices* describes your privacy rights and how Dr. Lisa Davis will use and to whom we will disclose your protected health information. The *Notice of Privacy Practices* is yours to keep. In addition to the attached Notice of Privacy Practices, this page serves as a form titled *Acknowledgement Form*. **Please sign this Acknowledgement Form below and return to Medical Receptionist before leaving our practice.** This Acknowledgement Form will be kept at our office, indicating that you have received our *Notice of Privacy Practices*. If you have any questions, please don't hesitate to call our office.

I understand that as part of my health care, Lisa A. Davis, M. D., P. A. originates and maintains health records describing my health history, symptoms, examination, test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information serves as:

- ❖ A basis for planning my care and treatment
- ❖ A means of communication among the many health care professionals who contribute to my care
- ❖ A source of information for applying my diagnosis and surgical information to my bill
- ❖ A means by which a third party payer can verify that services billed were actually provided
- ❖ And a tool for routine healthcare operations such as assessing quality of care and reviewing the competence of health care professionals

I understand and have been provided with a **Notice of Privacy Practices** that provides description of protected health information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing this acknowledgement. I understand that Lisa A. Davis, M. D., P. A. reserves the right to change its practices and to make the new provisions effective for all protected health information maintained by Lisa A. Davis M. D., P. A.

Signature of Patient or Legal Representative

Date

Date of Birth

Signature of Lisa A. Davis M. D., P.A.

Date

Lisa A. Davis M. D., P. A. was unable to obtain acknowledgment /consent because:

Emergency

Patient Non-Responsive

Patient Confused Disoriented

Patient Sedated

Patient Refused Reason _____

May 12, 2003
Effective Date of the Notice of Privacy Practices

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 REVIEW IT CAREFULLY

Lisa A. Davis, M. D., P. A. uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, to communicate with other health care professionals involved in your care and to evaluate the quality of care that you receive. Your health information is contained in an electronic medical record that is the physical property of Lisa A. Davis, M. D., P. A.

How Lisa A. Davis, M. D., P. A. May Use or Disclose Your Health Information

For Treatment We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. We may use your health information when referring you to other health care professionals and facilities.

For Payment We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may use your information to contact you about account balances.

For Health Care Operations We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to: Evaluate the performance of our staff; Assess the quality of care and outcomes in your cases and similar cases; Learn how to improve our facilities and services; and Determine how to continually improve the quality and effectiveness of the health care we provide.

Required by law We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes: For judicial and administrative proceedings pursuant to legal authority; To report information related to victims of abuse, neglect or domestic violence; and To assist law enforcement officials in their law enforcement duties;

Appointment Reminders and Treatment Calls We may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with limited information.

Notification We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family Our health professionals and staff, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Business Associates. Lisa A. Davis, M. D., P. A. may disclose your health information to a business associate so that they can perform their job functions. An example includes arrangements with business associates to provide collection services. In order to protect your health information, however, Lisa A. Davis, M. D., P. A. requires the business associate to safeguard your information.

Public Health Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ /tissue donation. Your health information may be used or disclosed for organ or tissue donation purposes.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Food and Drug Administration (FDA) We may disclose to the FDA Health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation . Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation

Other uses Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information; however, we are not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record;
- Request that your health record be amended;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information.

Obligations of Lisa A. Davis, M. D., P. A.

We are required to: Maintain the privacy of protected health information; Provide you with this notice of its legal duties and privacy practices with respect to your health information; Abide by the terms of this notice Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed; Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

We reserve the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon your request at your next visit to our practice.

Complaints

You may complain to Lisa A. Davis, M. D., P. A. and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. If you have any questions or complaints, please contact

Dr. Lisa Davis, Privacy Officer
520 Camden
San Antonio, Texas 78215
(210) 223-3246