

Notice of Privacy Practices

This office may use and disclose medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate the collection of data for purposes or utilization review, quality assurance, or medical outcomes. Such information may be released to insurance companies, HMO’s and PPO’s, managed care organizations, IPA’s, Medicare/Medicaid, or other governmental or third-party payors, or any organization contracting with any of the above entities to perform such functions. Medical records may be delivered to a primary care physician or any other physician that is directly or indirectly responsible for your medical care or the payment thereof.

This office will not use or disclose any of your medical and financial information for any purpose not stated above without your specific authorization. You may revoke your authorization at any time.

You may request restrictions on certain uses and disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You may also request an accounting of disclosures of your protected health information from this office.

We are legally obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms. We reserve the right to change our privacy practices and apply revised privacy practices to protected health information.

You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. No retaliation will be made against you by this office because you register a complaint. You may also file a complaint with the secretary of the Department of Health and Human Services.

You may speak with the office manager to obtain additional information regarding any questions you may have concerning this notice or to receive a printed copy of the Notice. This Notice of Privacy Practice is effective as of September 27, 2011.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3601 S. BROADWAY, STE 200, EDMOND OK 73013 (405) 753-9355 FAX (405) 753-9478

www.FullCircleIntegratedHealth.com