

# NOTICE OF PRIVACY PRACTICES (HIPAA COMPLIANCE)

## **Purpose:**

The office of Denver Wellness Associates is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA). This notice is yours. The office Denver Wellness Associates will abide by the terms of the notice currently in effect. You may obtain a copy of the notice upon request. If you are currently a patient in this practice and the notice changes, you will receive an updated notice at that time.

## **Uses and Disclosures:**

Your Protected Health Information (PHI) may be used by this office for the purpose of Treatment, Payment, and Health Care Operations.

For the purpose of *treatment*: The practitioners will review, modify, and summarize your health information to develop and carry out a treatment plan.

For the purpose of *Payment*: Your HMO or PPO may request summaries of your treatment, diagnosis, medications, symptoms, and progress. I will honor their request unless the patient notifies me otherwise.

For the purpose of *Health Care Operations*: The practitioners may need to speak with a pharmacist, first responder or other health care provider regarding your care. Any individual outside of those absolutely necessary, a release of information will be obtained prior to communication.

## Release and Statement of Responsibility

1. I have read and understand the above information.
2. I agree to the terms of privacy practice management

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_