Douglas J. Abeles M.D.

Protecting Your Confidential Health Information is Important to Us

How your HEALTH INFORMATION may be used
To Provide Treatment:
We will use your health information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between physician and office staff. In addition, we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care professionals providing you treatment.

TO OBTAIN PAYMENT
We may include health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies who commit to the security of your health information.

IN PATIENT REMINDERS
Because we believe regular care is very important to your general health, we will remind you of a missed appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These reminders may include postcards, letters, or telephone reminders.

FAMILY, FRIENDS AND CAREGIVERS
We may share your health information with those you tell us will be helping you with your treatment, medications, or payment. We will be sure to ask your permission first. In case of an emergency, where you are unable to tell us what you want we will use our very best judgement when sharing your health information only when it will be important to those participating in providing your care.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION
Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written consent. You may revoke that authorization in writing at any time.

RESTRICTIONS
You have the right to request restrictions on certain uses and disclosures of you health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

CONFIDENTIAL COMMUNICATIONS
You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

WORKERS COMPENSATION
We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

INSPECT AND COPY YOUR HEALTH INFORMATION
You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information please let us know. We may need to charge you a reasonable fee to duplicate your records.

DOCUMENTATION OF HEALTH INFORMATION
You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health care operation. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. We may need to charge you a reasonable fee for your request.

REQUEST A PAPER COPY OF THIS NOTICE
You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will be happy to mail a copy to you.
We are required by law to maintain the privacy of your health information and to provide to you this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.
Thanks for taking the time to review how we are carefully using your health information. If you have questions we want to

hear from you. If not, we would appreciate very much your acknowledging reading this policy by signing and returning this form to our office.

Patient Signature:_____ Date:____/____/____