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Office 408-845-9245
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PROSTHETIC SOLUTIONS, INC
info@prosthetic-solutions.com
www.prosthetic-solutions.com

191 San Felipe, Suite M1
Hollister, CA 95023
Office 831-637-0491
Fax 831-637-1977

Patient Record of Disclosures

The HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a general communication of PHI may be made by alternative means, such as sending correspondence to the individuals office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home/Cell Phone _____ - _____ - _____

- OK to leave message with detailed information
- Leave message with call back number only

Work Phone _____ - _____ - _____

- OK to leave message with detailed information
- Leave message with call back number only

Written Communication

- OK to mail to my home address _____
- OK to mail to my work/office address _____
- OK to fax to this number _____ - _____ - _____

Ok to leave information with the following people:

Patient Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

This Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of disclosures of, and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly will constitute an adequate record. NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.



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Notice of Privacy Practices

This notice describes how medical information about you may be used and released and how you can get access to this information. It applies to all records generated by your physician, medical or billing office personnel, or Business Associates.

Our Responsibilities: We are required by law to maintain the privacy of your health information and provide description of our privacy practice. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction.

Use and Release of Medical Information: We may use and release your medical information (clinical and billing) for PTO (Payment-to-obtain payment for services rendered; treatment-to use medical information to provide medical care: Health Care Operation – to use and disclose medical information to operate this medical practice). Appointment Reminders, Sign – In Sheet, Notification and communication with Family, Marketing, Business Associates (i.e. billing service), or and other disclosures specified in our Notice of Privacy.

Except as described in our Notice of Privacy Practices, this medical practice will not use or disclose PHI (Personal Health Information) which identifies individual patients without their written authorization. If a patient authorized this medical practice to use or disclose PHI for another purpose, the patient may revoke the authorization in writing at any time.

Access and Amend: You have the right to request an account of disclosures of medical information about you. This does not include disclosures for TPO. You have the right to inspect and copy medical information that may be used to make decisions about our care. There are limited circumstances in which your request can be denied. These denials must be provided to you in writing, and you may request a second review in writing.

If you feel the medical information that we have about you is incorrect or incomplete, you may ask us to amend or add to the information. You have the right to request an amendment for as long as the information is kept by the physician. The request for information can be denied and you will be notified of the reason in writing.

You have the right to request a restriction or limitation on the medical information we use or release about you for TPO. You may also request a limit on the medical information we release about you, but we are not required to agree to your request.

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Notice of Privacy Practices continued

Receipt of Notice of Privacy Practices: You have the right to the detailed, long version of the Notice of Privacy for Prosthetic Practices for Prosthetic Solutions. You may ask for a copy at any time.

Complaints: If you believe your rights have been violated, you may file a complaint by contacting the Privacy Office or with the Secretary of Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Changes to this Notice: Prosthetic Solutions reserves the right to change this notice. The revised notice will be effective for all past and future information. The current notice will be posted in the practice and include the effective date.

I have received and understood the rights afforded me as a patient/client/guardian (if patient under 18).

Signature of Patient/Client/Guardian

Date

Signature of Practitioner

Date