

Name (Please Print)

Today's Date:

David J. Brown, M.D. 700 Attucks Lane, Unit 1C, Hyannis, MA 02601

HIPAA NOTICE OF PRIVACY PRACTICES

Please review how this office may use and disclose information about you.

Your health record typically contains your symptoms, examinations, test results, diagnoses, treatment, and a plan for future care or treatment. Understanding what is in your record helps you to ensure its accuracy and understand who may have access to your health information. This will allow you to make a more informed decision when authorizing disclosure to others.

Although your health record is the physical property of this office, the information belongs to you. You have the right, as per the statute to:

- Place restrictions on certain disclosures.
- Inspect and obtain a copy of your health record
- Amend your record
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our office is required to maintain the privacy of your health information and accommodate reasonable requests you may have to communicate health information. We will not use or disclose your health information without your authorization except for:

- Treatment.
- Payment (your health information may be sent to a third party).
- Quality improvement (e.g. review by a hospital committee).
- Use of other physicians and technicians helping with your care at your request.
- Directory (e.g. Hospital location so that family or clergy may visit).
- Research.
- Funeral directors.
- Workers compensation.
- Public health requirements.
- Law enforcement and correctional institutions.

LIST BELOW ANY INDIVIDUALS YOU AUTHORIZE TO DISCUSS YOUR HEALTH INFORMATION:

<input type="text"/>	relationship-	<input type="text"/>	phone	<input type="text"/>
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<input type="text"/>	relationship-	<input type="text"/>	phone	<input type="text"/>
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You may be contacted for appointment reminders. This form is not meant to encompass all ways we use information. We are happy to discuss any questions you may have.

David J. Brown, M.D.

I have read and understand this document.

Signature:

Date: