

Hemophilia Outreach Center of Green Bay

HIPAA PRIVACY PRACTICES



We have a legal duty to protect health information about you.

We may use and disclose Protected Health Information or "PHI" about you in the following circumstances:

- To provide health care treatment to you.
- To obtain payment for services
- For health care operations
- Under other circumstances without your permission such as when required by law or for public health services. To allow our business associates to provide treatment, obtain payment or conduct their healthcare operations provided they agree to safeguard your PHI.
- We may contact you to provide appointment reminders
- We may access a list of medications prescribed to you and paid for by your health insurance.
- You can object to certain uses and disclosures.

Any other use or disclosure of PHI about you requires your written authorization

- You have the following right regarding PHI about you:
- You have the right to request restrictions on uses and disclosures of PHI about you.
- You have the right to request different ways to communicate with you.
- You have the right to see and obtain a copy of PHI about you.
- You have the right to request an amendment of PHI about you.
- You have the right to a listing of disclosures of your PHI that we have made.
- You have a right to a copy of this notice.
- You may file a complaint about our privacy practices.
- You have the right to revoke your authorization regarding future use or disclosure.

For additional information regarding our privacy practices, please ask the receptionist for a copy of our full HIPAA Notice of Patient Privacy Practices. Please direct complaints to Jamison Buxton, Executive Director at 920-965-0606.

Patient's Signature: _____

Please print name: _____

Patient (or guardian) Signature: _____