[COMPANY NAME]
Policy & Form Cross-Reference Cover Sheet

Form Title	HIPAA Notice of Privacy Practices
Our Policy #	2.5 equiv.
Our Policy Name	Securing and Releasing Confidential and Protected Health Information (PHI/EPHI)
ACHC DRX Reference	DRX2-5A
CMS Standard Reference	45 C.F.R. § 164.520 — required elements of a covered entity's Notice of Privacy Practices
Accrediting Organization	[ACCREDITING ORGANIZATION]

[COMPANY NAME]
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: [EFFECTIVE DATE]

OUR COMMITMENT TO YOUR PRIVACY

[COMPANY NAME] is required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use and disclose your health information to provide, coordinate, or manage the equipment, supplies, or services you receive, and to communicate with your physician or other providers involved in your care.

Payment: We may use and disclose your health information to bill and collect payment from you, Medicare, Medicaid, or other insurers for the equipment/supplies/services provided.

Health Care Operations: We may use your health information for internal operations, including quality assessment, staff training, compliance activities, and business management.

Required by Law: We may disclose health information when required by federal, state, or local law, or in response to a valid court order or subpoena.

Public Health and Safety: We may disclose health information to prevent a serious threat to health or safety, or as required for public health reporting.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request a copy of your health record and obtain a copy of your PHI
- Request that we amend your health record if you believe information is incorrect or incomplete
- Request an accounting of certain disclosures of your PHI
- Request restrictions on certain uses and disclosures of your PHI
- Request confidential communications by an alternative method or location
- Obtain a paper copy of this notice at any time, upon request

• File a complaint if you believe your privacy rights have been violated

OUR RESPONSIBILITIES

We are required to maintain the privacy of your PHI, provide you with this notice, abide by its terms, and notify you if a breach occurs that compromises your PHI. We will not use or share your information other than as described here unless you provide written authorization, which you may revoke at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with [COMPANY NAME] or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

[COMPANY NAME] Privacy Contact: [COMPLIANCE OFFICER], [CUSTOMER SERVICE PHONE NUMBER]

HHS Office for Civil Rights: 1-800-368-1019 | www.hhs.gov/ocr/privacy/hipaa/complaints

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the revised notice effective for health information we already have as well as any information we receive in the future. The current notice will be available upon request and posted at [WEBSITE URL].