

Jacob D. Rozbruch, M.D.

ORTHOPAEDIC SURGERY

PATIENT PRIVACY POLICY

The office of Dr. Jacob D. Rozbruch is fully committed to compliance with the HIPAA rules. We will:

- Provide appropriate security for our patient records
- Protect the privacy of our patients' medical information
- Provide our patients with access to their medical records
- Maintain our patient information and billing process in a fashion that complies with federal laws and guidelines.

All of our office staff undergo training so that they understand and comply with government rules regarding HIPAA. Emphasis is placed on the "Patient Privacy Rule."

It is our policy to determine appropriate uses of PHI in accordance with the governmental rules, laws and relations. We take steps to ensure that this practice does not contribute to the problem of improper disclosure of PHI. We have implemented a Compliance Program that will assist us in preventing inappropriate use of PHI.

It is our policy to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of protecting your PHI. If you have any concerns or questions regarding the services you receive from this practice, or any questions regarding charges to you, by this practice, we encourage you to call and ask to speak with our Compliance Officer.

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PATIENT CONSENT FORM

In response to the misuse of Personal Health Information (PHI), the Department of Health and Human Services has established a "Privacy Rule" to help insure that PHI is kept private. This rule was also established in order to provide a standard for health care providers to obtain their patients' consent for uses and disclosures of health information about the patient in order to carry out treatment, payment, or other health care operations.

We want you to know that we respect the privacy of your personal medical records and will take all reasonable measures to secure and protect your privacy. When necessary, we will provide the minimum necessary information to only those we feel are in need of your PHI in order to provide health care that is in your best interest.

We support your full access to your personal medical records. You should be aware that we may have indirect treatment relationships with you that include but are not limited to laboratories, pharmacies, and other medical offices. As such we may need to disclose PHI for purposes of treatment, payment, and/or other health care operations. These outside entities do not necessarily need to obtain your consent for these communications.

You have the right to refuse to consent to the use or disclosure of your PHI. This refusal must be made in writing. Under the HIPAA law, we have the right to refuse to treat you if you choose to refuse disclosure of your PHI. If you give consent to disclose your PHI, by signing this document, you can at some future time request to refuse future disclosures of your PHI. This refusal must be made in writing. However, You may not revoke actions that have already been taken which relied on this or a previously signed consent.

You have received a copy of our Patient Privacy Policy. You have the right to review our privacy notice, request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Please speak with our Compliance Officer if you have any objections to this consent.

PRINT NAME

SIGNATURE

DATE