Patient Confidentiality Protocol & Notice of Privacy Practices Summary

Purpose: To preserve and protect the privacy and confidentiality of all patient health care information and to prevent civil or criminal prosecution for illegal disclosure of such information.

Policy: It is the right of all patients to receive full consideration of privacy and confidentiality with regard to all information and records about their care. Health plans and reviewers acting as their agents, however, do have certain rights of access to patient medical information for quality-of-care purposes.

Privacy Officer: Lacey Richmond bmglacey@gmail.com 4165 Blackhawk Medical Group, Danville CA 94506 (925)736-7070 x121

Procedure:

1. All employees, contractors, consultants and anyone who may have access to Individually Identifiable Health Information (IIHI) will sign a statement not to disclose or release confidential information for any reason not medically indicated to any persons other than those legally authorized to receive same. (Business Associate Agreement)
2. Except when required in the regular course of business, the discussion, use, transmission, or narration, in any form, of any patient information, which is obtained in the regular course of job functions, is strictly forbidden.
3. Temporary placement of patient records in unattended areas shall be avoided and all records are to be maintained in secured files and in a manner that allows access to authorized individuals only.
4. Facsimile transmission of patient data should be limited to documents necessary for the purpose of completing a transaction or communicating specific patient data to an authorized individual to whom it is addressed.
5. Electronic access to patient data shall be password protected to limit data retrieval to what is needed for job functions.

Health Information Use Acknowledgement

I understand that as part of my healthcare, the providers at Blackhawk Medical Group originate, access and maintain health records describing my health history, examinations and test results, diagnosis, treatment and any plans for future care or treatment.

I understand that the Notice of Privacy Practices Information serves as:

- a basis for planning of my care and treatment
- a means of communication amongst the many healthcare professionals who contribute to my care.
- a source of information applying my diagnosis to my bill.
- a means by which a third-party payer can verify that services billed were actually provided.
- a tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I acknowledge that I will be provided an opportunity to review the Notice of Privacy Practices in full upon request.

Signature: ____ Date: _____________