

Your HIPAA Rights and Responsibilities

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

At George Rappard MD, Inc., we are committed to protecting your privacy. We comply with all federal, state, and local laws. This notice describes how we use your health information. It describes some of your rights and some of our responsibilities.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit our offices, we record your symptoms, physical examination, test results, diagnosis, and treatment. This information enables us to: plan for your care, communicate with others who care for you, report to your insurance carrier, bill for our work, and improve the quality of our care.

YOUR RIGHTS

Although your paper chart belongs to George Rappard MD Inc., the information contained in the chart is yours. You have the right to: inspect your records, obtain a copy of your chart for a small fee, correct your records, and tell us not to release your information.

OUR RESPONSIBILITIES

We are required to: maintain the privacy of your health information; send needed health information to other medical providers, and release information to insurance companies, certain government agencies, and others.

EXAMPLES OF HOW YOUR INFORMATION IS USED

Your health information will be recorded and used to plan your treatment. Reports may be sent to other doctors to help them plan your treatment. Bills will be sent to your insurance company. The information in the bills will include confidential information such as your name, address, diagnosis, and treatment. In providing your care, we may communicate with other individuals or businesses. Examples include other physicians, X-ray departments, laboratories, our transcriptionist or our billing management company. To protect your privacy, we require our business associates to sign agreements binding them to safeguard your information. You may request a list of vendors with whom we have agreements at any time.

OTHER NOTICES

Unless you instruct us otherwise, we may leave a message at your home, at your business, on your answering machine or on your voicemail. We may mail you a postcard or other written notices. We may need to disclose your information to your family members or other people helping with your care. If there is a family member or caregiver you do not wish to disclose health information to, you must advise us accordingly. We may disclose information to others as required by law or if subpoenaed. If you were injured on the job, we will need to disclose your health information to your workers compensation insurance company.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have concerns or would like additional information, you may contact the practice coordinator or George Rappard, M.D. at (818) 244-4434. Serious concerns are best handled in writing. Please send a fax to (818) 244-8034 or mail a letter to the attention of Dr. Rappard at 1560 East Chevy Chase Suite 460, Glendale CA 91206.

Acknowledgment of Receipt of George Rappard MD Inc. (“GRMD”) Notice of Privacy Practices (“Notice”)

I have read the above Notice and have had any questions answered by GRMD. I understand that by signing this form, I consent to the sharing of information as stated in this Notice. My consent is freely given. I understand that I may revoke or alter this consent at any time if the revocation or alteration is in writing, but any disclosure given prior is permissible.

Patient Name (printed): _____

Patient Signature: _____

Guardian Signature (if required):

Date: _____

May we leave messages at your home with family members or on a voice recording?
YES/NO – *if no please specify restrictions:* _____

May we leave messages at your workplace with co-workers or on a voice recording?
YES/NO – *if no please specify restrictions:* _____

Please list either family members or caregivers who you DO NOT permit access to your medical history and medical records:
