

## Privacy Policy

Plotsky Medical Associates, P.C. is required by law to protect the privacy of your health information and to inform you, the patient, of our policies to do so. In order to comply with HIPAA regulations and to comply with federal and state law, we have created this policy. We reserve the right to change this policy and if we do so, we will post written notification of the policy changes and effective dates. The following is a guide of how we are currently handling all patient information.

- We do not fax patient records to any fax other than another doctor's office, hospital or healthcare facility (this includes the patient's home or place of employment).
- We do not discuss patient information with anyone either over the phone or in person without the written authorization of the patient (this includes family members, if the patient is over 18).
- We will not give out patient demographical information without the patient's written consent unless it is for treatment, payment or healthcare operations. When requested by other healthcare providers, we will confirm the information that they have listed against our information and release the phone number of the patient for further information.
- We will speak in soft, or low tones when we are in earshot of patients or others in the office to minimize the possibility of being overheard.
- We will not release patient information such as referrals, test copies, prescriptions or orders to anyone other than the patient unless written authorization is given from the patient.

**I have read and been offered a copy of this policy.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name & Date**

I authorize \_\_\_\_\_ to pick up referrals, lab slips, orders, prescriptions and copies of result that I request.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name & Date**

I authorize \_\_\_\_\_ to have complete access to my medical records and to discuss my private health information with representatives of Plotsky Medical Associates, P.C.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name & Date**