

Mtn. View Family Practice, P.C.
Summary of Notice of Privacy Practices (NPP)

The complete Privacy Notice is posted in the Clinic. In addition, you are entitled to a paper copy of the complete privacy notice upon your request. You may ask the receptionist or health care provider for your copy.

We reserve the right to change the notice. We reserve the right to make the revised or changed notice effective for medical and psychological information we already have about you as well as information we receive in the future. The privacy notice applies to all of the records of your care generated by this clinic.

The privacy notice will tell you how we use and disclose medical information about you. It also describes your rights and certain obligations regarding the use and disclosure of medical information.

This is a summary of how we may use medical information about you to:

- Provide medical treatment or services,
- Bill for and receive payment for treatment you have received at our clinic including workers' compensation,
- Review our treatment and services and to evaluate the performance of our staff in caring for you; comply with health oversight activities,
- Decide what additional services the clinic should offer, what services are not needed, and whether certain new treatments are effective,
- Assist with teaching and learning for doctors, and other health care professionals, and health care students,
- Remind you of an appointment,
- Assist persons who are involved in your medical care,
- Comply with federal, state, and local law, military authority or to prevent a serious threat to your health and safety or the health and safety of the public or another person,
- Protect your health and safety or the health and safety of others.

This is a summary of your rights to:

- Inspect and copy medical information that may be used to make medical decisions about your care,
- Request an amendment of your record,
- Request an accounting of disclosures of medical information,
- Request a restriction or limitation on the medical information we disclose about you for treatment, payment, or health care operations,
- Request that we communicate with you about medical matters in a certain way or at a certain location,
- File a complaint with the Medical Center or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated; you will not be penalized for filing a complaint.

Acknowledgement of Receipt

I, _____, have received a copy of Mtn. View Family Practice's Notice of Privacy Practices.

Print Name

Signature

Date