

STEPHEN S. PALAZZOLO, O.D.
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UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.-

Each time you visit Stephen S. Palazzolo, O.D., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- understanding of what is in your record and how your health information is used to help you to:
 - ensure its accuracy
 - better understand who, what, when, where and why others may access your health information
 - make more informed decisions when authorizing disclosure to others

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Stephen S. Palazzolo, O.D., this information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and receive a copy of your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. Unless you inform us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home or work answering machine or with someone who answers your phone if you are not at home.

STEPHEN S. PALAZZOLO O.D. IS REQUIRED BY LAW TO:

- maintain the privacy of your health information
- provide you with a notice as to our privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

Our office reserves the right to change our practices and make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice in the reception area and have a copy available for you upon request.

Our office will not use or disclose your health information without your authorization, except as described in this notice.

I, _____ (print name) hereby acknowledge that I received a copy of this office's Notice of Privacy Practices.

Signed _____ Date _____

Telephone _____

If not signed by the patient, please indicate signer's relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name of Patient _____

For Official Use Only

Acknowledgement refused

Describe efforts to obtain signature:

State Patient's reasons for refusal:

Signature of Office Representative _____ Date: _____