

Jeffrey S. Feldman, MD

Notice of Privacy Practices (effective date 11/14/12)

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically this medical record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. Medical records are used for the following: 1) to communicate among your health providers, 2) to document the care you received, 3) to show insurance companies what was done in the office for billing purposes, 4) to educate health professionals, 5) to inform public health officials in order to improve the health of the public.

Although your health record is the physical property of the doctor that produced it, the information belongs to you. You have the right to inspect or obtain a copy of the information we will use for these purposes.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will have a current copy of the privacy practices available in the office.

If you have questions and would like additional information, call us at 781-662-4560. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment. This allows us to discuss with other health care professionals concerning your child's medical history. It is essential that physicians and nurses be able to talk to each other regarding their patients.

We will use your health information for payment. Your insurance company will require us to provide to them diagnoses and dates of service and any procedures that were performed in order to provide us with payment.

Business associates: There are some services provided in our office through contacts with business associates. To protect your health information we require the business associate to appropriately safeguard your medical information.

Public health: As required by law, we may disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law as a response to a valid subpoena.

Confidentiality: Please refer to our Teen Confidentiality policy to become informed of our policy regarding communications between us, teens and parents. Discussions between teens and Dr Feldman are considered private and will only be shared with others for matters concerning personal safety of the patient or others.

We will not use or disclose your health information without your knowledge unless we receive your authorization, except as described in this notice.

I acknowledge being informed of the privacy practices of this office.

Signature _____

Patient name _____ Date _____

Relation to patient _____