

NOTICE OF PRIVACY PRACTICES

KPW Urology Specialty Group's mission and goal is to provide the highest quality urological diagnostic and therapeutic services in accordance with all pertinent federal and state laws. The Practice will take reasonable steps to ensure that its physicians and staff are concert with all pertinent laws and regulations.

We are committed to providing security and privacy for all protected health information obtained during your course of care. The Health Insurance Portability & Accountability Act (HIPAA) requires that we disclose certain information to our patients regarding the privacy of their medical information and records; as well as our policies regarding the treatment of this information.

Your medical information, records and documents are of a highly confidential nature. Except as required or authorized by law, they shall not be disclosed to, or discussed with anyone not employed by or affiliated with the Practice without the permission of the Practice or the Patient as appropriate.

The Health Insurance Portability & Accountability Act (HIPAA) provides certain rights with regard to their "protected health information". These rights include: the right to our Notice of Privacy Practices, the right to inspect and obtain copies of your medical records, the right to amend/append your medical records, the right to authorize certain non-treatment disclosures (employer, life insurance, fund-raising, research), the right to audit of disclosures, the right to request restrictions on use of your medical records, the right to request alternative channels of communication, and the course of action should you feel your right have been impeded.

Notice of Privacy Practices

This document represents our Notice of Privacy Practices. You have received two copies of this document. Please read it in its entirety, sign and return one copy to our office.

Right to Inspect & Obtain Medical Records

Our office has established policies and procedures relating to patients obtaining copies of their medical records. Appropriate charges will apply, as well as the patient's signed consent for us to provide such documentation. If parties other than the patient request these records, a signed release/consent is required.

Right to Authorize Certain Non-Treatment Disclosures

Patient have the right to request that disclosure of their condition and/or treatment is limited as provided by law. Restrictions on disclosures to family members (including parents), employer (s), marketing or advertising affiliates, research organizations, etc. can be made directly with the physician. Verbal/Written approval to disclose protected health information will be obtained prior to disclosure.

Right to Audit Disclosure of Information

Patients have the right to request disclosure of those persons or entities to which we have provided or disclosed their medical records or protected health information. Upon receipt of such requests, we will, in a reasonable timeframe, provide such information.

Right to Request Restrictions on Use of Medical Records

You have the right to request, in writing, specific restrictions on the use of medical records and protected health information. Upon receipt of such request (s), we will restrict disclosure as provided by applicable law.

Right to Request Alternative Channels of Communication

If you wish for us to communicate with you via alternative channels of communication, please make these requests in writing, including the method through which you wish for us to contact you. It is our policy to send mail to the address provided on our patient demographics forms, to contact you by telephone at either your home, cellular, or work telephone numbers, and to leave non-descriptive messages via answering machine. If you prefer an alternate channel of communication, again, please put your specific requests in writing.

If you feel your right to privacy has been breached, you may contact the Department of Health & Human Services.

KPW Urology Specialty Group physicians, management and staff are committed to the security of all protected health information, medical records, and documentation of your care. Our integrity, commitment to excellence, guidelines on patient privacy, and standards of conduct are designed to make your experience with our group both pleasant and professional.

Thank you for choosing KPW Urology Specialty Group for your Urological care.

Persons to whom you consent for Protected Health Information to be Disclosed to:

Name	Relationship	Phone Number
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

Print Name: _____

Signature: _____

Date: _____

Witnessed by(staff): _____

