



Minimally Invasive  
Procedure Specialists

## Privacy Policy

### **Medical Information Authorization Release – HIPPA**

In general, the Health Information Portability Act (HIPPA) privacy rule gives individuals the right to request restrictions on the use and disclosure of their protected health information (PHI). The individual is also provided the right to request confidential communication or that communication of PHI is made by alternative means (such as sending correspondence to the individuals office instead of the individuals home). We will take reasonable steps to limit the use or disclosure of requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. We will keep a record of all PHI disclosures. Uses and disclosures may be permitted without prior consent in the event of an emergency.

### **Authorization for disclosure of Health Information and photography**

I hereby give my consent to have before and after surgery photographs, made of myself and agree that these images may be used by Minimally Invasive Procedure Specialists (MIPS). My name and face will NOT be included under any circumstances. Only references to the sex, age, condition, and other life-style limiting factors relevant to the treated condition will be listed. Non-identifying information may appear in professional and education presentations, on the website, and in any media formats, including composite purposes by MIPS. I further release MIPS from any claims that may arise regarding the use of my image(s) including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked in writing, this authorization will remain in effect in perpetuity. Minimally Invasive Procedure Specialists, the facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.



Minimally Invasive  
Procedure Specialists

**How we may use and disclose health information about you:**

We may use and disclose medical information about you for treatment (by sending information about your procedure to another physician involved in your care as part of a referral), to obtain payment for your treatment (such as sending information to your insurance company or Medicare) and to support our health care operations (such as comparing patient data to improve our quality of care).

We may disclose medical information about you to our business associates that provide us with administrative support in rendering your care. Business associates are required by contract and by law to comply with the same provisions of federal privacy laws (HIPPA).

We may also use or disclose your medical information for several other purposes. Subject to certain requirements, we may give out medical information about you for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, workers compensation purposes and emergencies. We also will disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health related benefits or services that may be of use to you.

We will request your written authorization before using or disclosing medical information about you for marketing purposes, for uses and disclosures that constitute the sale of health information and for other uses and disclosures that are not described in the notice. If you authorize certain uses or disclosures of your health information, you can later revoke that authorization by notifying us in writing of your decision.

**Your rights regarding your medical information:**

You have the right to review and obtain a copy of your medical record.

You have the right to restrict disclosures of your protected health information to health plans, relative to specific services, if you have paid for that service out of pocket in full, unless the disclosure is required by law.



## Minimally Invasive Procedure Specialists

You have the right to request that we amend your medical record by submitting a request in writing that provides your reason for requesting amendment.

You have a right to a list of any instance where we have disclosed your medical information, other than for treatment, payment, health care operations or per your written request.

You have the right to request how your medical information is communicated to you. Your request must specify how or where you wish to be contacted; all reasonable requests will be honored.

You have the right to be provided with a paper copy of this notice for your own request.

### **Our responsibility to you:**

We have a duty to maintain the privacy of your medical information and provide you with the notice of our legal duties and practices

We are required by law to notify you following a breach of your unsecured protected health information

We are responsible for abiding by the terms of the privacy notice currently in effect

### **Complaints:**

You may also file a complaint with the department of Health and Human Services Office of Civil Rights at 800-368-1019