

Signing this document signifies that you have received a copy of our Notice of Privacy Practices

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, obtain payment for our services, and to conduct healthcare operations involving our office. The **Notice of Privacy Practices** you have been given describes these uses and disclosures in detail.

I, _____, have received a copy of the office privacy policy.

My Date of Birth is _____

You may / may not contact me regarding my appointments, test results, condition or treatment by telephone.

You may use the following numbers:

HOME _____ WORK _____ CELL _____

You may / may not leave messages on my voice mail or answering machine.

You may leave messages for me with the following people:

You may / may not mail messages regarding the above subjects to my home address.

SIGNATURE _____ DATE _____

Relationship to Patient

29941 Aventura, Ste. G
Rancho Santa Margarita, CA 92688
(949) 858-7611

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Dr. Shupe is required by law to make sure that medical information that identifies you is kept private, to make available to you our privacy policies and to follow those policies.

We may disclose information about you

- to other doctors who are covering in my absence.
- to our office personnel who are working on your behalf--making appointments, returning calls, filling prescriptions and doing clerical work.
- to pharmacies, labs and radiologists providing you with their services.
- to other doctors caring for you in emergency situations where our judgement determines the need to disclose information we possess to aid in your treatment.
- to outside agencies as reasonably required for payment of our services. This could include receipts or forms to your insurance company, Medicare, Worker's Compensation carriers or potential insurance carriers for you, or other similar. It may include a collection agency if your bill is not paid. It could include compliance with an audit with such an agency.
- to remind you of an appointment.
- to comply with federal, state or local law.
- to a public health organization in matters of public safety.
- to prevent immediate harm to you or others.
- to comply with the laws that require disclosure in matters of child or elder abuse, or if you are a fugitive from law enforcement.
- in any situation where you give us written authorization to communicate information.
- in any situation wherein you personally direct Dr. Shupe or his staff to provide information and written permission is not obtainable.

You have a right to copies of your records. You must submit a written request and there may be a fee for any cost incurred in copying. You have the right to have us amend any errors in your records. You must submit a written request and provide a reason for the request. Amendments to records will not be made that are received from outside sources. You have a right to request an accounting from us for any disclosure we have made of your records. Exceptions to this are governed by federal health privacy law and include routine disclosure for treatment, payment, and operations of the office and disclosures to you. You have the right to request restrictions to disclosure. You must submit the request in writing and must specify what information you want to limit and to whom the limits apply. We reserve the right to refuse the restriction if it conflicts with providing you emergent health care or if it conflicts with federal or state law. You may submit a written request to restrict how we communicate with you. We will make every effort to accomodate requests. You have the right to receive a copy of this notice.