

SUMMARY OF HIPPA NOTICE OF PRIVACY PRACTICES

The Kern Endocrine Group complies with the Health Insurances Portability and Accountability Act of 1996 (HIPPA). The Kern Endocrine Center protects confidential health care information, known as "Protected Health Information" (PHI). Below is a summary of your privacy rights under HIPPA. The Kern Endocrine Center's legal duties and privacy practices regarding your PHI are also included in this Summary Notice.

Summary of Your Privacy Rights

The Kern Endocrine Center may use and give your health information to:

- Treat you
- Get paid
- Operate health care services

The Kern Endocrine Center may use and give your health information for:

- Law enforcement requests
- Judicial and administrative proceedings related to legal actions
- Healthcare fraud and abuse detection or compliance with the law
- Use by another healthcare provider treating you
- Government health oversight activities
- Reports required by law related to births, deaths or diseases
- Reports required by law related to neglect and abuse, or domestic violence
- Notifying a party about exposure to a possible communicable disease
- Use by another healthcare provider for payment to that provider
- Military, national defense and security or other governmental functions
- Workers' compensation purposes and in compliance with related laws
- Averting a serious threat to public health and safety

You have the right to:

- Inspect or get a copy of your medical record
- Change information on your medical record if you think incorrect
- Get the list of persons whom The Kern Endocrine Center has shared your PHI
- Ask The Kern Endocrine Center to limit your information it shares
- Ask for a copy of your privacy notice
- Write a letter of complaint to The Kern Endocrine Center or the federal government

The complete text of the Notice of Privacy Practices as described by HIPPA law can be found online at: www.hhs.gov/orc/privacy/hippa/understanding/coveredentities.html or by asking for a copy from The Kern Endocrine Center staff. Please read this complete notice before receiving services. If you have any questions or if you wish to file a complaint, or exercise any rights listed in this summary or the complete Notice, please contact one the Kern Endocrine Center physicians or staff.

**** I have reviewed a copy of the Kern Endocrine Center's Notice of Privacy Practices. I have had an opportunity to read the Notice of Privacy Practices and I understand that I may ask questions to the Kern Endocrine Center if I do not understand any information contained in the Notice of Privacy Practices.

Besides your doctor who else can have access to your medical file?

Name: _____ Relationship: _____

Patient Signature: _____

Printed Name: _____