

HIPAA Privacy Practices Summary and Acknowledgement for Vita Nutrition Services

Federal Regulations (HIPAA) now require medical offices to formally inform patients of their rights concerning privacy of their medical information. You are asked to sign the bottom of this page to acknowledge that we have offered you a full description of these policies and that you understand your rights in this matter. What follows is a brief summary of the HIPAA policies. Refusal to sign will not affect your medical care in any way.

1. It is our obligation to protect your health information and privacy. That means that we cannot and will not release any information to anyone not involved in either your health care or management.
2. We are allowed, even without your formal authorization, to disclose relevant information for managing your care. This includes other treating physicians, insurance payors, or governmental agencies when required by law.
3. We are also allowed to disclose relevant health information for the following possible agencies:
  1. Public Health Departments
  2. Health Oversight Agencies
  3. Food and Drug Administration
  4. Law enforcement
  5. Coroners
  6. Workers Compensation
  7. Parents of minors
4. You have the right to object to disclosure of any of your health information, even to any of the above mentioned. You will be required to submit this in writing to the Privacy Officer at this office. We have the right to deny your request, but you have the right to appeal.
5. You have the right to inspect your records. You have the right to challenge the accuracy of your records.
6. If you feel that your rights have been violated or wish further information, you may submit a written complaint or request to our Privacy Officer.

I have read the above and have been given access to the complete Privacy Practice Policies. I understand my rights and acknowledge the above summary.

Patient Signature \_\_\_\_\_  
Date \_\_\_\_\_