



PRIVACY POLICY

It is the policy of the practice of Nina S. Naidu, MD, PC that the physician and staff preserve the integrity and confidentiality of protected health information pertaining to our patients. The purpose of this policy is to ensure that our practice has the necessary information to provide the highest quality of medical possible while protecting the confidentiality of our patients. To that end this practice will:

- 1) adhere to the standards set forth in this Privacy Policy;
- 2) collect, use, and disclose protected health information in conformance with state and federal laws, and with current patient agreements and authorization, as appropriate. This practice will not use or disclose protected health information for use outside the office, such as marketing, employment, insurance applications, etc. without a written authorization from the patient;
- 3) use and disclose protected health information to remind patients of their appointments only with their consent;
- 4) recognize that protected health information collected from patients must be accurate, complete, and available when needed. This practice will implement reasonable measures to protect the integrity of all patient information;
- 5) recognize that patients have a right to privacy. This practice will respect the patient's privacy to the extent that the highest possible medical care is delivered with efficient administration of the facility;
- 6) act as responsible stewards and treat all protected health information as sensitive and confidential. Consequently, this practice will treat all protected health information as confidential in accordance with professional ethics, accreditation standards, and legal requirements, and will not disclose protected health data unless the patient has properly consented to release;
- 7) recognize that, although the practice owns the medical record, the patient has a right to inspect and obtain a copy of his/her protected health information. In addition, patients have a right to request an amendment to their medical record if they believe the information is inaccurate or incomplete. This practice will permit patients to access their medical records, and will provide patients an opportunity to request the correction of inaccurate or incomplete protected health information in their medical records in accordance with the law and professional standards;
- 8) maintain a list of all disclosures of protected health information for purposes other than for treatment and payment procedures for each patient. A list will be provided to patients upon their written request.
- 9) adhere to any restrictions concerning the use or disclosure of protected health information that patients have requested, and that have been approved by this practice;

I have read and understand this document.

Patient signature: _____ *Date:* _____

Patient name (printed): _____