

Notice of Privacy Practices for Protected Health Information
Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can receive access to this information. Please review it carefully!

Dr. Rao and his entire staff have always kept your health information secure and confidential. A law that has been enacted requires us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

This permits us to use or disclose your health information to those involved in your treatment. For example, Dr. Rao may contact your primary care physician regarding your allergy care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as our electronic billing clearinghouse. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. For example, you may request that we contact you at home rather than at work. You must make your request in writing to our office manager.

You have the right to transfer copies of your health information to another practice. We may charge you a reasonable fee for the copies and postage.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we will charge you a reasonable fee for the copies and postage.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may

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not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add the new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

For more information or assistance regarding your health information privacy you may contact our office manager at 303-953-6767.

If you have a complaint with our handling of your information you can file it with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509f, Washington, DC 20201. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT

I HAVE RECEIVED A COPY OF THE Notice of Privacy Practices for the office of Arvin K. Rao M.D.

Signed: _____ Date: _____ / _____ / _____

Print Name: _____

If signing as a parent or guardian, please note the name of the patient: _____