



## **1 CP Place PLLC Privacy Policy**

1 CP Place PLLC may use and disclose medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's, PPO's, managed care organizations, IPA's, Medicare/Medicaid, other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions.

Medical records may be delivered to a primary care physician or any other physician that is directly or indirectly responsible for your medical care or the payment thereof. In order to ensure the patient's privacy is protected at all times, our office policy does not allow medical records to be faxed. All requests for medical records will be returned via mail. This office will not use or disclose any of your medical and financial information for any purpose not stated about without your specific authorization. You may revoke your authorization at any time.

You may request restrictions on certain uses disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You have the right to inspect a copy and amend your protected health information. You may also request an accounting of disclosures of your protected health information from this office.

We are legally obligated to maintain the privacy of your protected health information and to provide you with this Privacy Policy and to abide by its terms. We reserve the right to change our privacy practices and apply revised privacy practices to protected health information. You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. This office will make no retaliation against you because you have registered a complaint.

You may also file a complaint with the Secretary of the Department of Health and Human Services. You may speak the Office Manager to obtain additional information regarding any questions you may have concerning this notice or to receive a printed copy of the notice. By signing below you acknowledge that you reviewed the Privacy Policies. Should you have any questions regarding this notice you may discuss them with the Office Manager.

---

Patient / Parent / Guardian Signature

---

Date