



This notice describes how we may use and disclose your medical information and how you can access this information. Please review this notice carefully.

Once you sign Saint Camillus' consent form, we may use and disclose your medical information to treat you, obtain payment, and to operate the practice.

Example of uses and discloses for treatment:

- If a nurse practitioner or physician at the practice refers you to a specialist, we may call and give your name and date of birth and reason for referral.

Example of uses and disclosures to obtain payment:

- The practice's billing office may submit a claim that contains your name, personal information, your diagnoses, and procedures performed in our office to your insurance company.

Examples of uses and disclosures to operate the practice:

- The provider may audit your medical chart for continuing treatment.
- The practice staff may mail you reminders of upcoming appointments.
- The practice staff may call you with test results.

The practice may use or disclose your protected health information about you for the purposes, and without your consent, if the law requires us to disclose information to government authorities. Examples of such uses include suspected abuse and infectious diseases.

You have the following rights regarding your protected health information, and the practice must act on your request within 60 days.

- You may request restrictions on certain uses and disclosures of protected health information, but we are not required to agree to a requested restriction.
- You may request that you receive confidential communication of protected health information.
- You may request that your information be amended.
- You may request a copy of this notice.

The law requires the practice to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices.

For more information about this notice please ask Saint Camillus Urgent Care staff.

The practice may discuss my protected health information with my spouse.

Name _____

The practice may discuss my protected health information with the following persons:

Patient's Signature: _____ Date _____