

NOTICE OF PRIVACY PRACTICES

This practice adheres to any and all governmental regulations regarding patient privacy and accessibility of their records in accordance with HIPAA

In the course of treatment it may become necessary to share information with outside providers for treatment, payment and operations (TPO).

- Staff personnel will have the minimum necessary access to medical, demographic and billing information to accomplish the intended purpose of handling of your care and treatment.
- Dr. Haberman refers all biopsies to laboratories. Be advised that insurance information as well as diagnosis and request for a pathology opinion of any and all biopsies obtained in the office will be sent to this laboratory.
- All insurance claims will be forwarded with the information necessary to obtain payment from all appropriate insurance carriers either electronically or by "hard claim copy".
- Billing and insurance information will be electronically transmitted to our software vendor for preparation and mailing of our monthly statements. This will include your demographic information as well as your account balance.
- Our staff may at some time in the course of your treatment telephone other physicians to discuss your treatment or to make an appointment on your behalf.
- It is our policy to telephone you the day prior to your visit to confirm your appointment. In the event you are unavailable we may leave the information with whoever answers the telephone or leave a message on your answering machine. If this is not agreeable, please notify our staff.
- It is also our policy to send routine reminders of appointments on a postcard. If you prefer that we do not do this, please notify our staff.
- We take every precaution to keep your medical records secure and out of sight. We utilize sign-in sheets and will call your name from our reception lobby.
- All examination room doors remain closed for your privacy.
- You have the right at any time to examine your medical records and to amend as you deem necessary.

Patient signature _____ Date _____