

Plymouth
**ORTHOPEDICS & SPORTS
MEDICINE CLINIC**
A practice of Speare Memorial Hospital

PATIENT PRIVACY POLICIES

The Health Insurance Portability and Accountability Act (HIPPA) is a federal law that requires health care providers to safeguard the privacy of medical information from “unnecessary use and disclosure”.

Under this Act, you have the following rights:

1. All individually identifiable medical information (any medical information with your name attached) is considered confidential.
2. Release of limited information without specific written consent is allowed so long as it furthers your health care or the payment of your health care. Our office does not routinely ask for written consent to release information in the following circumstances:
 - phone or fax prescriptions to a pharmacy,
 - appropriate referral notes to a specialist,
 - filing a standard insurance claim,
 - completing forms authorizing or arranging payment for medical equipment,
 - forms for physical therapy, occupational therapy, respiratory therapy, dietician counseling, diabetes education, and other ancillary services performed at the hospital,
 - immunization history to school nurses and emergency rooms.

Please talk with the receptionist and your provider whenever you feel this is not appropriate.

3. Insurance companies have the right to review charts on their enrollees, but only to the extent that the information is used to investigate billing fraud or to audit for health care measures required by the federal government.
4. Health care information can be released to the police, to an emergency room physician, or to parents in the case of a minor age 12 or over, if your health care provider feels that you are an imminent danger to yourself or to others (suicidal or homicidal).
5. A court can subpoena your health records.
6. Medical records about a work related accident or illnesses are released to the employer under workman’s compensation law.
7. You may review your health care information in the presence of a nurse, and you may obtain copies of your health care information (although there is a copying fee, as established by the State of New Hampshire).
8. You can obtain a history of non-routine disclosures of your medical record (circumstances not listed above).
9. You will be required to sign consent forms before medical information is released for non-routine reasons. This consent must identify the portion of your medical record that you want to send or not send, the purpose of the release of medical information, and the effective dates of release.

I agree that I have reviewed the confidentiality policies of Plymouth Orthopedics Sports Medicine Clinic and that I have had the opportunity to ask any questions about these policies.

Comments or requests: _____

Printed name: _____ date: _____

Signature of patient/legal Representative