



Cedar Valley Medical Specialists, P.C. Notice of Privacy Practices

www.cedarvalleymedical.com

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Cedar Valley Medical Specialists, P.C. is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples
 - a. For treatment (such as giving the radiology department your diagnosis and summary of your problems when ordering an x-ray)
 - b. For payment such as giving your insurance company your diagnosis and operation performed when sending in an insurance claim.
 - c. For health care operations – allowing your medical record to be reviewed by CVMS personnel for quality control.
2. Cedar Valley Medical Specialists, P.C. is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
3. Cedar Valley Medical Specialists, P.C. intends to engage in one or more of the following activities:
 - a. Cedar Valley Medical Specialists, P.C. may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
 - b. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
4. The Individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. Cedar Valley Medical Specialists, P.C. is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.

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5. Cedar Valley Medical Specialists, P.C. is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
6. Cedar Valley Medical Specialists, P.C. is required to abide by the terms of the Notice currently in effect.
7. Cedar Valley Medical Specialists, P.C. reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
8. Cedar Valley Medical Specialists, P.C. will provide individuals or patients with a revised Notice at the first clinic visit or electronic service contact after publishing the notice.
9. Individuals may complain to Cedar Valley Medical Specialists, P.C. and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: Contact the person identified in paragraph 10 below.
10. Cedar Valley Medical Specialists, P.C.'s contact person for matters relating to complaints is:

Privacy Officer or the Clinical Practice Manager
319-235-5390
4150 Kimball Ave., Waterloo, Iowa 50701
11. This Notice is first in effect on April 14, 2003

I hereby acknowledge that I have been informed, that I may receive a copy of Cedar Valley Medical Specialists, P.C.'s Notice of Privacy Practices upon request.

Patient's Signature and/or Guardian	Date
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Our office will make an effort to notify you of your test/lab/procedure/etc. results, if necessary. You may instruct Cedar Valley Medical Specialists, P.C. as to the method of communication and who may and may not receive the results.

OPTIONS: Please mark your choice.

Method of Communication:

Home Phone Number _____ - ____ - ____
 Work Phone Number _____ - ____ - ____
 Mail-Home Address _____

 Alternative Address _____

May receive my health info:

Spouse _____
 Children _____
 Friend _____
 Parent _____
 Other _____

May **NOT** receive my health info:

Patient Signature	Date
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