



Congress Medical  
Medical Surgery

## **Acknowledgement Receipt of Notice of Privacy Practices**

***The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Security Standards Final Rule which provides for the security of the health information specifies a series of administrative, technical, and physical security procedures for covered entities to assure the confidentiality of protected health information.***

**We are committed to protecting your health information.** We create a record of the care and services you receive from us in order to provide you with quality care, and to comply with certain legal requirements. This notice informs you of the ways in which we may use and disclose identifiable health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

**We are required by law to maintain the confidentiality of health information that identifies you.** We may use and disclose your health information in the following ways: treatment, payment, health care operations, appointment reminders, treatment alternatives, health related benefits and services, individuals involved in your care or payment for your care, health oversight activities, lawsuits, law enforcement, upon death, national security, incarceration, research, as required by law, serious threats to health or safety. Special Circumstances: organ and tissue donation, military service, worker's compensation, and public health risks.

**You have the right to copy/inspection of your medical information.** You have the right to request amendments to your medical information, or get a copy of the accounting of disclosures made of your medical information. You have the right to request restrictions to confidential communications, and to have a paper copy of your Privacy Notice. You have the right to complain about violations.

**We reserve the right to revise our privacy notice.**