

Mercy Doctors Medical Group

One Shrader Street, Suite 640
San Francisco, CA 94117

Phone (415) 752-0100
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Charles P. Allison, M.D.
Carl E. Bricca, D.O.
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Kenneth J. Mills, M.D.
James Yoss, M.D.

Notice of Privacy Practices Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Purpose: To preserve and protect the privacy and confidentiality of all patient health care information.

Policy: It is the policy of this office to ensure that health care information of all patients is kept confidential.

General Information: It is the right of all patients to receive full consideration of privacy and confidentiality with regard to all information and records about their care. Health plans and reviewers acting as their agents, however, do have certain rights of access to patient medical information for quality of care purposes.

Responsibility: This office maintains Confidentiality of patient information.

Procedure:

1. All employees, contractors, consultants and anyone who may have access to Individually Identifiable Health Information will sign a statement not to disclose or release confidential information for any reason not medically indicated to any person other than legally authorized individuals.
2. Except when required in the regular course of business, the discussion, use, or transmission of any patient information, which is obtained in the regular course of job functions, is strictly forbidden.
3. Temporary placement of patient records in unattended areas should be avoided and all records are to be maintained in secured files and in a manner that allows access to authorized individuals only.
4. Facsimile transmission of patient data should be limited to documents necessary for the purpose of completing a transaction or communicating specific patient data to an authorized individual to whom it is addressed.

Effective: The effective date of this notice is April 14, 2003

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I acknowledge that I have received a copy of Mercy Doctors Medical Group's Notice of Privacy Practices with the effective date of April 14, 2003.

Patient Name (print)

Signature of Patient/Patient Representative

Date

Relationship to Patient

Best Phone Number(s) to be Reached at: _____

Is it OK to leave a message? _____

Fax Number to use when needed: _____