

Northrup & Associates

Speech Pathology

Oral Myology

6422 East Main Street
Reynoldsburg, Ohio 43068

(614)864-6620
Fax: (614)864-6690

HIPAA

Health Insurance Portability and Accountability Act of 1996
Protecting confidentiality and security of personal health data through setting and
Enforcing standards (Privacy and Security)

IMPORTANT NOTICE REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Your privacy is important to us. We create information about you so we may provide you with quality care. We are committed to protecting this information. The Notice of Private Practices describes your rights with regard to your health information, as well as how we may use your health information, and how we must protect the confidentiality of your health information. This is a summary of more detailed information contained in our Notice of Privacy Practices.

Your rights include:

- A right to inspect and copy your medical information
- A right to amend your health information
- A right to request restrictions on what information we use or how we disclose it
- A right to receive an accounting of certain disclosures we have made of your information
- A right to receive a paper copy of our Notice of Privacy Practices

These rights do have special restrictions, so it is important that you read the full Notice.

We may use your health information and/or records to:

- Plan for your care
- Help your health care providers communicate and work together to care for you
- Submit bills to pay for your care
- Help health care payers make sure services were actually provided
- Help improve the quality of health care
- Disclose information to certain officials or organizations where we may or are required to do so by law

Every person who may access your information is bound by our confidentiality requirements, as outlined in our Notice of Privacy Practices.

We encourage you to carefully read the Notice, and contact the Health Systems Privacy Manager at 614-864-6620 if you need more information.

I have received the Notice of Privacy Practices for Northrup & Associates.

Signature: _____ Date: _____

Print Name: _____