

NOTICE OF PRIVACY PRACTICES & CONFIDENTIALITY
AGREEMENT
Alliance Medical Center, P.C.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care/services you receive at this office. It also reviews the ways in which your health information may be disclosed to other entities and it describes your rights and our obligations in managing the privacy and integrity of your care. We are required by law to give you this notice and to help you understand its intent. You must signify your understanding and agreement by signing in the appropriate space.

YOUR FINANCIAL INFORMATION

In order to conduct health insurance activities, we collect and use several different types of financial information. This includes information that you provide directly to us on applications or other forms, such as your name, address, age, and information about dependents. This information is ONLY available to our employees, referring physicians, others who need it to service or maintain your policy to conduct insurance transactions, or for other legally permitted or required purposes.

We appreciate the trust that patients place in us and we recognize the importance of protecting the confidentiality of non-public personal information that we have in our possession. This information will be used ONLY to ensure accuracy in carrying out treatment(s) for you and your dependents and in keeping your records. In conducting transactions with patients health carriers or affiliates they designate, we will always endeavor to use information that is absolutely necessary to comply. If we change this policy, we will notify you in advance.

If you have any questions regarding this notice, please contact our Privacy Officer Sandra Ragan @ (770) 888-2733. If you need detailed information regarding HIPAA Privacy Practices, please refer to notice posted in waiting room or ask receptionist for a copy.

Patient or Guardian Signature _____ Date _____

Printed Name _____ Date of Birth _____

Witness _____ Witness _____

MAY WE LEAVE OUR NAME, NUMBER AND REASON FOR CALLING ON ANSWER MACHINE? YES ____ NO ____

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