Howard J. Rudnick, M.D.
General Orthopaedics and Rehabilitation

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NOTICE OF PRIVACY POLICY

This notice describes information about privacy practices followed by our employees, staff, and healthcare providers at Howard J. Rudnick, M.D., PLLC. It applies to the information and records we have about your health, health status and healthcare, and services you receive at this office. We are required by law to give you this notice.

How we may disclose health information about you:

Treatment – We may disclose your protected health information (PHI) to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

Payment – To seek payment from you, your health plan, or other sources of coverage.

Healthcare Operations – Your PHI may be used as necessary for day to day activities and management of our practice.

Law Enforcement – As required by law enforcement officials in response to a court order, summons, subpoena, warrant or similar process, subject to all applicable legal requirements.

Public Health Reporting – To public health agencies as required by law.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.

Your rights under federal privacy standards: 1) the right to request restrictions on the use and disclosure of your PHI, 2) the right to receive confidential communications concerning your medical condition and treatment, 3) the right to amend or submit corrections to your PHI, 4) the right to receive an accounting of how and to whom your PHI has been disclosed, 5) the right to receive a printed copy of this notice.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices.

You may generally inspect or copy PHI that we maintain. As permitted by federal regulation, we require that these requests be in writing. There may be associated costs for copying, mailing, labor and supplies associated with your request.

If you believe your privacy rights have been violated, you may send a letter describing the cause of your concern to our office.

My signature on this form acknowledges that I have received a copy of Howard J. Rudnick, M.D., PLLC Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Howard J. Rudnick, M.D., PLLC, my rights with respect to my health information, and the responsibilities of Howard J. Rudnick, M.D., PLLC, related to protecting my health information.

Persons to whom my health information may be disclosed:

Name	Relationship	Phone Number

Patient or Legal Guardian Name (Print)

Patient or Legal Guardian Signature: **Date**