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PRIVACY AND PATIENT RIGHTS NOTICE

This describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

The HIPPA guidelines for patient privacy include several patient rights:

- The right to view their medical records.
- The right to obtain copies of all medical related information
- The right to have all errors corrected.
- The right to know who has access to their records.
- The right to review their providers policies and procedures on patient privacy and security.
- The right to know when corrections are made.
- The right to revoke authorizations to release protected health information (PHI)

Please list the family members or significant others, if any, whom we have permission to inform about your medical condition ONLY IN AN EMERGENCY:

Name _____ Phone Number _____

Name _____ Phone Number _____

Please print the telephone number where you want to receive calls about your appointments, lab or diagnostic test results or other health care information if other than your home phone number. I AM FULLY AWARE THAT A CELL PHONE IS NOT A SECURE AND PRIVATE LINE. _____

Can confidential messages (i.e. appointment changes) be left on your telephone answering machine or voice mail? _____

MAY WE TAKE A PICTURE OF YOU IN ORDER TO PROTECT AGAINST UNAUTHORIZED USE OF YOUR PERSONAL AND MEDICAL INFORMATION TO HELP PREVENT IDENTITY THEFT AND FRAUD? _____

ACKNOWLEDGMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office's notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive copy of this document.

Signature of patient or Personal Representative

Date

Description of Personal Representative's Authority