

Family Practice Center
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PRIVACY PRACTICES ACKNOWLEDGEMENT

This Notice serves as written documentation of your rights to privacy and confidentiality for your medical records under the Health Insurance Portability and Accountability Act (HIPAA).

HIPAA requires physicians to protect the confidentiality of medical information. The privacy regulation allows physicians to discuss patient information with fellow providers. The regulations require physicians to make a reasonable effort to disclose and use only that information which is necessary for treatment, securing payment, and conducting standard organizational duties such as audits.

Privacy is an individual's right to control access and disclosure of protected, individually identifiable health information. The Family Practice Center is responsible for security of your confidential medical information. This will be achieved by employee and physician training which will be done upon hire and maintained on a yearly basis. Records requested by The Family Practice Center are confidential and will be used to ensure you receive quality care by our physicians. If you authorize release of our records you will be asked to sign a separate release form and only those records necessary for you to receive quality care and authorized by your physician will be released by The Family Practice Center.

The Family Practice Center has always been and remains committed to the policy that compliance with federal and state laws and adherence to our own ethical standards of the medical profession are of primary importance. As part of our commitment, our Practice affirms the following:

1. Our patients are the cornerstone of our Practice. The relationship between patients and our staff must be built upon honesty, credibility, professionalism, and mutual respect.
2. It is our responsibility as members of The Family Practice Center to observe all laws and regulations. We must at all times be honest and forthright in our dealings.
3. Our personal and professional integrity is our most important attribute.
4. Each physician, employee, and contractor of the Practice must read our compliance standards and procedures and commits to understand the importance of compliance with the law. Yearly certification and review of our Corporate Code of Conduct will be signed by each physician, employee, and contractor.

Our appointment notification policies are as follows; our office will call your home phone number or work number (whichever is given when the appointment is scheduled) and confirm your appointment. If you have an answering machine a brief message will be left stating your provider's name, date, and time of appointment. If you would like to request us not to call to confirm an appointment or mail a recall card, please notify our receptionist when scheduling any appointments. Your signature below documents that I have received the Notice of Privacy Practices and my understanding of my right to privacy, obtaining and releasing medical information, and our commitment to providing quality care and security of my information.

In addition, we offer a Patient Portal at the Family Practice Center, to view lab results, tests, and appointment requests and prescription refills. This gives your consent to communicate personal health information in a secure manner, through the patient portal at www.FamilyPracticeCenter.us.

Patient's Signature

Parent's (or guardian) Signature

Date of Notice