



Notice of HIPAA Privacy Practices

The HIPAA Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases.

Your “protected health information” means any written and verbal health information about you, including demographic data that can be used to identify you.

You will be given a copy of our HIPAA Privacy Notice prior to your visit, and be asked to sign that you received it.

This notice advises you about the ways in which we may use and disclose your Protected Health Information (PHI). Protected Health Information (PHI) means any of your health information that could be used to identify you and that results to you past, present, future physical or mental health or condition and related health care services. It also describes your rights and our duties with respect to your PHI. The law requires us to provide a copy of this notice to you which explains our legal duties and privacy practices.

My Signature acknowledges that I have been offered a copy of MidAmerica Orthopaedic’s Notice of Privacy Practices at the time of registration.

Signature: _____

Date: _____