

PRIVACY POLICY

This office adheres to the HIPPA requirement of maintaining reasonable and appropriate administrative, technical and physical safeguards to ensure integrity, confidentiality and availability of the information.

This office:

- 1) requires that file cabinets are restricted to authorized personnel only
- 2) does not allow patient folders to lie around
- 3) provides added security, such as passwords on computers
- 4) takes procedural steps to prevent inadvertent or unnecessary disclosure, such as discussing sensitive treatment plans behind closed doors.
- 5) has put sanctions in place and document enforcement

As required by Illinois law, this office requires a patient to sign a consent form before healthcare information can be released on his/her behalf. You have the right to review this notice before signing the acknowledgement.

You have the right to restrict how the information is used or disclosed for TPO (treatment, payment and healthcare operations). This office agrees to the requested restriction. Restriction is binding.

Privacy Notice terms may change. You may contact Dr. Charles Callea to obtain a revised notice.

I understand and agree to the above.

Name (Signature)

Date

Print Name

Please list dependents, if applicable:

