

## **CLIENT RIGHTS - 2024**

### **Right to release your medical records**

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time.

### **Right to inspect and copy your medical and billing records**

You have the right to inspect and obtain a copy of your information contained in my medical records. To request access to your billing or health information, contact the office. We will respond to your request within 30 days. Under limited circumstances I may deny your request to inspect and copy these records. If you ask for a copy of any information, a reasonable fee for the costs of copying, mailing and supplies will be incurred. All healthcare records for this office are generated through and stored using an Electronic Health Record program called Simple Practice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### **Right to add information or amend your medical records**

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. I will make a decision on your request within 60 days, or some cases within 90 days. Under certain circumstances, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. To request an amendment, you must contact the office. I will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

### **Right to an accounting of disclosures**

You may request an accounting of any disclosures, if any, I have made related to your medical information, except for information I used for treatment, payment, health care operational purposes or that I shared with you or information that you gave me specific consent to release. It also excludes information I was required by law to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 24, 2011, please submit your request in writing. I will notify you of the cost involved in preparing this list.

### **Right to request restrictions on uses and disclosures of your health information**

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing. However, I am not required to agree to such a request.

### **Right to complain**

If you believe your privacy rights have been violated, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

### **Right to receive changes in policy**

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from the office.