



HIPAA CONSENT / COMMUNICATION NOTICE

(UPDATED 2026)

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Federal privacy enforcement has been expanded to include electronic communications, website technologies, and additional protections for certain records.

There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). HIPAA provides certain rights and protections to you as the patient. Additional information is available from the U.S. Department of Health and Human Services at www.hhs.gov.

We adopt the following policies:

1. **CONFIDENTIALITY OF INFORMATION** Patient information will be kept confidential except as necessary to provide services or manage administrative matters related to your care. This includes sharing information with healthcare providers, laboratories, and insurance payers as necessary and appropriate for treatment, payment, and operations. You agree to standard office procedures for handling records and PHI.
2. **BUSINESS ASSOCIATES** The practice utilizes business associates (software, billing services, scheduling systems, messaging platforms, and IT vendors). These vendors may have access to PHI but are required to sign agreements and comply with HIPAA privacy and security standards.
3. **ELECTRONIC COMMUNICATIONS** We may communicate by phone, voicemail, email, text message, patient portal, telehealth platform, or other electronic means for scheduling, reminders, billing, care coordination, and responses to patient inquiries. You acknowledge electronic communications may not be fully secure and consent to these methods unless you request restrictions in writing.
4. **WEBSITE & ONLINE TRACKING** Information submitted through online forms, scheduling, or messaging may be stored electronically. The practice uses reasonable safeguards and HIPAA-compliant vendors. Identifiable health information is not intentionally shared with advertising platforms. Third-party service providers must comply with HIPAA requirements when applicable.
5. **GOVERNMENT & INSURANCE REVIEW** You understand authorized government agencies, accreditation organizations, or insurance payers may review records containing PHI as permitted by law for audits, compliance, investigations, or payment review.
6. **LEGAL PROCEEDINGS & LAW ENFORCEMENT** We may disclose information when required by law, subpoena, or court order. When legally required, we will attempt to notify you or obtain appropriate assurances before releasing records. Only the minimum necessary information will be disclosed unless a court order specifically requires otherwise.

7. SUBSTANCE USE DISORDER (SUD) RECORDS – 42 CFR PART 2 If your records include federally protected substance use disorder treatment information, those records receive additional legal protection. They cannot be disclosed without your specific written authorization unless permitted by federal law or court order meeting 42 CFR Part 2 requirements.

PROHIBITION ON REDISCLOSURE (Federal Requirement): This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). Federal rules prohibit you from making any further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose.

8. FUNDRAISING COMMUNICATIONS We may use limited contact information (such as name, address, phone, email, dates of service, and treating provider) for fundraising or community outreach supporting the practice. You may opt out at any time, and your decision will not affect your care or treatment.
9. ACCESS TO RECORDS We agree to provide access to your records in accordance with federal and state law. You may request copies or corrections of your records as permitted by law.
10. RESTRICTIONS & PREFERENCES You may request restrictions on use of your PHI or request confidential communication methods. We will honor reasonable requests when feasible but are not always required to agree.
11. COMPLAINTS Bring concerns to the office manager or doctor. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect your care.
12. NOTICE CHANGES We may change or update these provisions at any time to remain compliant with federal or state regulations. Updated versions will be made available upon request and on our website.
13. ACKNOWLEDGMENT By receiving services or communicating with the practice, you acknowledge you have had access to this Notice and may request a full Notice of Privacy Practices at any time.