



**PRIVACY POLICIES OF SEBASTIAN MD**

**QUYNH L. SEBASTIAN, M.D., INC.**

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It is the policy of our practice that all physicians and staff members preserve the integrity and the confidentiality of Protected Health Information (PHI) pertaining to our patients. The purpose of this policy is to ensure that the members of our practice have the necessary information to provide the highest quality medical care possible while protecting the confidentiality of our patients to the highest degree possible. Because of this, patients should feel confident in providing information to our practice and its physicians and staff.

Our practice and its physicians and staff will:

1. Adhere to the standards set forth in this Notice of Privacy Practices.
2. Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations as appropriate. Our practice WILL NOT USE OR DISCLOSE PERSONAL HEALTH INFORMATION OUTSIDE OF THE TREATMENT OPERATIONS, such as marketing, employment, life insurance applications, etc without authorization of the patient.
3. Use and disclose information to remind patients of their appointments by telephone message unless instructed not to do so.
4. Recognize that the information collected about patients must be accurate, timely, complete and available when needed. Our practice will implement reasonable measures to protect the integrity of all information maintained about our patients.
5. Recognize that all patients have a right to privacy. We will respect the patient's dignity and privacy at all times consistent with providing the highest quality of medical care possible.
6. Act as responsible information stewards and treat all Protected Health Information as sensitive and confidential, not to be released unless authorized by the patient or a legally authorized representative of the patient as authorized by law.
7. Recognize that, although our practice "owns" the medical record, the patient has a right to inspect and obtain a copy of his/her protected health information. In addition, patients have a right to request an amendment to their medical information if they feel the record is incomplete or incorrect.
8. Maintain a log of any release of records to such entities as insurance carriers performed within the authorized and legal boundaries of patient care.

ALL PHYSICIANS AND STAFF MEMBERS WILL ABIDE BY THESE POLICIES. VIOLATIONS WILL RESULT IN DISCIPLINARY ACTION, TERMINATION, AND CRIMINAL SANCTIONS OF DEEMED NECESSARY.

By signing this form, I am consenting to allow the office of Sebastian MD to use and disclose my Protected Health Information to carry out treatment, payment and healthcare operations only. I have received and read this Notice of Privacy Practices prior to signing this consent form.

Patient Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_