

Philip Chironis, M.D. Medical Corporation  
Notice of Privacy Practices

This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information.

In general, the HIPAA privacy rule gives the individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

This practice is participating in the Hoag Health Information Exchange (HIE), an electronic system through which it and other participating healthcare providers can share patient information according to nationally recognized standards and in compliance with federal and state law, that protects your privacy. Through the HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation.

If you choose to opt out of the HIE (that is, if you feel that your medical information should not be shared through the HIE), We will continue to use your medical information in accordance with this Notice of Privacy Practices and the law, but will not make it available to others through the HIE. To opt out of the HIE, please contact the Hoag Director of Health Information Exchange in writing at One Hoag Drive, Newport Beach, CA 92663, or by telephone at 949/764-8722.

We ask that you sign and return this cover letter to us for our records. Your signature only acknowledges that we have provided you a personal, paper copy of the Notice of Privacy Practices as required by law. The law also requires us to document the fact that we have distributed the notice by collecting and retaining these signing acknowledgements.

I wish to be contacted in the following manner:

Primary Phone Number \_\_\_\_\_ Cell    Work    Home  
(    ) Office may leave message with name of medical provider and call back number only  
or  
(    ) Office may leave message with detailed information including but not limited to results of testing, procedures, medication instructions.

Secondary Phone Number \_\_\_\_\_ Cell    Work    Home  
(    ) Office may leave message with name of medical provider and call back number only  
or  
(    ) Office may leave message with detailed information including but not limited to results of testing, procedures, medication instructions.

Verbal results may be given to \_\_\_\_\_

Relation to patient \_\_\_\_\_

I hereby acknowledge receipt of the Notice of Privacy Practices:

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

(Guardian signature for patients under 18 years old)