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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

To our patients: The physician(s) and staff of Hendrix Medical Services, PLLC are committed to the absolute protection of every patient's health information. The Health Insurance Portability and Accountability Act (HIPAA), requires that we provide notice to each of our patients on how this information is used. We safeguard information about you and your health. This information is therefore "Protected Health Information" (PHI). Medical Records that contain PHI are stored in a secure area and are only available to designated staff and only for specific reasons. We use multiple security measures to protect such information. You may access your information in person during normal clinic hours. If you want a copy of your records, there may be a small fee for the production of the records as is allowed by law.

We use your PHI to help treat you, collect payments and for other clinic operations. Some examples include, but are not limited to: appointment reminders, collecting your medical history, recording your treatment, documenting phone conversations, transmitting prescriptions, providing information to specialists or other physicians involved in your care (directly or indirectly), providing requested information to your insurance company, create and submit bills for payment, communicate test results to you and others that you may have approved, and for other clinic operations. Business associates that may have access to your PHI must also protect that same information and have agreed to do so in writing. Such associates may include record copying services, medical waste disposal services, transcription services or other services as required for clinic operations.

Your PHI may be disclosed without your consent when required by law. This includes, but is not limited to federal, state and local law enforcement officials (including parole officers, coroners, funeral directors), public health reporting, death certificates, infectious diseases, Food and Drug Administration (FDA) reporting and compliance issues, medical research, workers compensation and as required by the Department of Health and Human Services.

Other uses and disclosures of you PHI will be made only with your written authorization, unless otherwise permitted or required by law. **You may revoke your authorization at any time in writing.** If you revoke your written authorization, it will apply only to future actions relation to the release of your PHI. There may be cases where your PHI has already been released prior to receiving your revocation.

The signature below acknowledges a copy of this Notice was received.

Patient/ Legal Representative

Date

Capacity, if Legal Representative