



**BEAR**  
**302-544-5421**

**DOVER**  
**302-264-9770**

**WILMINGTON**  
**302-777-5551**

**BILLING**  
**302-660-2442**

### **Patient's statement of Privacy Rights**

As a patient of Now Care LLC, you have the right to privacy of your personal health information, and to know that such information shall be properly and solely maintained this practice, in accordance with our own policy and in compliance with Health Information Accountability and Portability Act of 1996 (HIPAA), HIPAA was enabled to give you, the patient of a health care provider and covered under a health insurance claim, more control over your health information, to set boundaries on the use and release of health records, establish appropriate safeguards that health care provider and others must achieve to protect the privacy of your Personal Health Information, and to hold violators accountable, with appropriate penalties for violation of a patient's right to privacy.

### **As a patient of this practice:**

1. You are entitled to an individually delivered, written notification of your Privacy Rights at the time of your first visit to this facility. The document you are reading is that notice.
  2. You are entitled to see your medical records.
  3. You are entitled to receive a copy of your medical records (forms are available upon request). As per allowance by HIPPA, the charge will be \$1.00 per page.
  4. You are entitled to make an amendment to your patient health information within those records (forms are available upon request).
  5. While the Doctor has a right to deny inclusion of amendments into a patient file, you have the right to disagree with the Doctor's refusal of such inclusion of the amendment to those records (forms are available upon request). If the Doctor disagrees, He/She shall supply you with written notification of such disagreement.
  6. The Doctor has a right to rebuttal to the patient's disagreement, but anytime a file is sent out of the office a copy of that rebuttal must be included in the file.
  7. You have the right to specify how access to your health information is restricted and from whom.
  8. You have the right to indicate the method and /or phone numbers and/or addresses to which telephone and written communications to you shall be forwarded.
  9. No personal health information shall be given out to any entity no related to your treatment and the billing of medical services rendered, without you written authorization.
  10. You are entitled to Now Care LLC's best effort to maintain the security of Personal Health Information on your behalf within and outside of this office.
  11. Now Care LLC shall provide Personal Health Information to required parties on the basis of the minimum necessary standard of release (releasing only that information necessary for those parties to provide treatment, reimbursement, or administrative services on your behalf) and so as to maintain the intent of HIPPA in establishing that standard.
  12. You have the right to inquire of this office and gain correct and appropriate answer to any question regarding your privacy rights at anytime, consistent with those rights as covered by HIPPA. This can be done contacting Now Care LLC's designated HIPPA officer, Patti Colello. You can do so by calling (856) 422-9234 or by sending written correspondence to Now Care LLC, 365 Juniper St, Marlton, NJ. 08053.
  13. You have the right to contact the Department of Health and Human Services, Office of Civil Rights which administrates HIPPA, with questions or to file at Toll free : 1-877-696-6771 or email at [www.hhs.gov/oor.com](http://www.hhs.gov/oor.com).
- Should you have any questions regarding Now Care LLC's privacy policy, please do not hesitate to ask us. We will be glad to explain anything contained in this notice in further detail.

### **Patient's affirmation of receipt of statement of Privacy Rights**

I hereby acknowledge receipt of Now Care LLC's Statement of Privacy Rights, provided on my behalf and in accordance with the law and have read and understand my rights to privacy and security of personal health information, as a patient of this practice.

Affirmed,

\_\_\_\_\_  
Patient Name

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

\_\_\_\_\_  
Date