

Peak Form Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Peak Form has always kept your health information secure and private. A new law requires us to give you this notice. Please review carefully.

Ways in which your confidential information may be used or disclosed *without* your authorization:

- * The law permits us to disclose information to those involved in your treatment.
- * We may disclose your information for billing purposes, gaining insurance or benefits information, insurance authorization and payment for services.
- * Your healthcare information may be used during normal healthcare operations.
- * We may use your information to contact you, to call to remind you of your appointments, for scheduling purposes or to inform you of insurance benefits. This may involve leaving messages on an answering machine or with the person who answers the phone.
- * We may release some or all of your information when required by law.
- * Your authorization is required to disclose your health information to other healthcare providers, individuals or third parties requesting information about you.

You have the right to:

- * Know of any uses or disclosures we make with your health information beyond the above normal uses.
- * Transfer copies of your information to another practice.
- * To see and receive a copy of your health information. With a few exceptions. Request must be in writing. (We may charge a reasonable copy fee.)
- * Request that we amend your confidential information. Request must be in writing. (If we agree the request we will not alter the earlier document, but will add an addendum.)

Peak Form will maintain the privacy of your confidential information as required by law and by the notice currently in effect.

If you feel that your rights have been violated—you may contact:
Services

Department of Health and Human
200 Independence Ave SW, Room 509F
Washington, DC 20201

You will not be penalized for filing a complaint. However before filing a complaint, or assistance regarding the privacy of your healthcare information please contact Peak Form at (303)402-9283.

ACKNOWLEDGEMENT

I have received a copy of the *Peak Form Notice of Privacy Practices*.

Signed _____

Date _____

Print Name _____

If signing as a parent/guardian, please note the name of the patient receiving treatment:

Patient _____