JACKSON MEDICAL GROUP, INC.

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Notice of Privacy Practices

The medical practices of **Jackson Medical Group, Inc.** and associates have implemented policies to protect the privacy of your medical records. The following is a description of how we manage your individual medical information.

A written or electronic record of your health care is constructed at each encounter. This record may include your symptoms, examination, test results, treatment plan, outside records, and other medical information. Transcription services are often utilized. Our employees access this record only for legitimate medical or business reasons. All employees are trained in patient confidentiality procedures. Safeguards are taken to prevent the unintended disclosure of your health care information during creation, utilization, storage, and destruction. Anything that identifies a patient with their individual medical care is protected.

By law your medical information may be shared (without your authorization) for:

1. **Treatment** – To facilitate your care we may share information with consulting physicians, health care entities, Public Health and legal entities, and on call physicians. For example, we will send a consulting physician relevant chart notes.
2. **Payment** – To obtain payment from third parties, we will provide requested information to insurers. For example, your insurance company may request chart notes before payment.
3. **Healthcare Operations** – We may supply medical information for the purposes of quality control, business activities, and other health care operations. For example, we may need to call your home to remind you of an appointment.

Any other disclosures of your medical record will require your written or expressed authorization.
This even includes disclosures to non-dependent family members. All disclosures of your record requiring authorization will be documented.

You have certain rights regarding your individual record including the right to:

1. To inspect and copy your record and its disclosures. Certain conditions like legal actions may restrict this right. Written 30 day notice is required prior to inspection, and a supervision fee may be required.
2. To request restrictions and amendments regarding your record. Your request must be in writing, specific, and time sensitive. We will accept or deny your request in writing. Special handling creates a burden for us and we may charge a fee.
3. To file written complaints concerning your record to our office manager.
4. To revoke in writing any prior disclosure authorizations at any time.
5. To request in writing that we communicate with you in alternative methods.

Some of the specific actions we have taken to protect your privacy include:

1. All employees with access to your medical record are trained to protect your privacy. Privacy training includes protection both in the office and in the community.
2. Contracted and business associates with access to your medical record have been instructed regarding the confidential handling of your record, and have signed agreements to protect your privacy.
3. Your medical record and demographic information is never knowingly sold or otherwise released for non-medical or commercial purposes.

If there are any parts of this privacy policy you do not understand, please consult our office manager.
We are happy to address your questions and concerns.

This notice becomes effective on April 14, 2003. A written copy of this notice is available upon request.

Your signature is acknowledgment that our privacy policy has been made available to you:

Print Name: _____

Signature: _____ Date: _____