

NOTICE OF PRIVACY POLICIES

Future Medicine Now is dedicated to providing service which assures respect for human dignity and privacy. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

Future Medicine Now (FMN) gathers personal information and health information in several ways:
Information we receive from you.
Information we receive from other healthcare providers.

This information is used for treatment and normal healthcare operations. You should be aware that during the course of our relationship with you, FMN may use health information about you for your treatment and its normal healthcare operations.

You may specifically authorize FMN to use your Protected Health Information (PHI) for any purpose or to disclose your health information by submitting the authorization in writing. Such disclosures will be made to any personal representation with whom you choose to share your protected health information.

Disclosure

Future Medicine Now may use or disclose your Protected Health Information when required by law.

Patient Rights

- ❖ Upon written request you have the right to access, review or receive copies of your healthcare records.
- ❖ Upon written request you have the right to receive a list of items this office has disclosed about your PHI.
- ❖ You have the right to request that FMN place additional restrictions on disclosure of your PHI.
- ❖ You have the right to request that we amend your Protected Health Information; the request must be in writing.
- ❖ You have a right to receive all notices in writing.

If you have questions, complaints or want more information, please contact Future Medicine Now. Written complaints may also be sent to the U.S. Department of Health and Human Services.

DHHS (Office of Civil Rights)
200 Independence Ave S.W. Room 509 F HHH Building
Washington, DC 20201

Contact and Information Services

FMN will not use your personal information for communications without your written authorization. FMN may send appointment reminders, newsletters, birthday cards, etc. by telephone, postal mail, or email.

Please check yes or no to authorize such communication. Yes No

Would you prefer to receive email invoices rather than paper? (email is not secure) Yes No

Do you authorize FMN to discuss your medical information with family members? Yes No

If yes, please provide:

Name(s): _____

Phone #s: _____

Relationship(s): _____

I, _____, have read, reviewed, understand, and agree to the statement of the Privacy Policy for healthcare services at Future Medicine Now.

Client Signature _____ Date _____