

**AMBULATORY ANESTHESIA SERVICES**  
**Notice of Privacy (HIPAA) Practices**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided safeguards to protect your privacy. These safeguards include restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you or your family with treatment. HIPAA provides certain rights and protections to you as the patient. We must balance these needs with our goal of providing you with quality service and care. Additional information is available by calling the U.S. Department of Health and Human Services at (415) 437-8310 or at [www.hhs.gov](http://www.hhs.gov).

For this reason, Ambulatory Anesthesia Services has adopted the following policies:

- 1) Patient information will be kept confidential except as is necessary to provide treatment or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, as is necessary for your care. The normal course of providing care means that such records may be left in administrative areas such as the front office, or in the Doctors possession. The patient agrees to the normal procedures utilized within the facility for handling of charts, patient records, PHI and other documents or information.
- 2) It is the policy of Ambulatory Anesthesia Services to contact patients regarding their appointments. This may be done by telephoning patients, and by other means convenient to the practice. In order for us to contact you via email, you must provide your consent, recognizing that email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. We will use the minimum necessary amount of protected health information to respond to your request.
- 3) The patient understands and agrees to inspections of the office and review of documents by government agencies or insurance companies in the normal performance of their duties.
- 4) The patient agrees to bring any concerns or complaints regarding privacy to the attention of Ambulatory Anesthesia Services or the office manager.
- 5) Your confidential information will not be used for purposes of advertising or marketing of products, goods or services.
- 6) The practice agrees to provide the patient with access to their records in accordance with state law.
- 7) The practice may change, add, delete or modify any of these provisions to better serve the needs of both the practice and the patient.
- 8) You have the right to request restrictions in the use of your protected health information and to request changes in certain policies used within the office concerning your PHI. Although the practice attempts to comply with all patient requests, the practice is under no obligation to alter internal polices to conform to your request.
- 9) There is no patient right to litigate under HIPPA.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I consent to Ambulatory Anesthesia Services using my cell phone number to call or text regarding appointments, treatment and my account. I understand that I can withdraw my consent at any time.

**My cell phone number (with area code) is:** \_\_\_\_\_

**(Initial \_\_\_\_\_)**

I consent to receiving from Ambulatory Anesthesia Services email communications regarding appointments, treatment and my account. I understand that I can withdraw my consent at any time.

**My email address is:** \_\_\_\_\_

**(Initial \_\_\_\_\_)**