



NOTICE PATIENT PRIVACY

(Short Form)

Health Insurance Portability Accountability Act

Marlane Bassett does business as Marlane Bassett, ND Inc. and is dedicated to preserving your "Protected Health Information" (PHI). I am required by law to protect your health information and to provide you with notice describing how your medical information may be used and disclosed and how you can access this information. This Notice of Privacy Practices describes your rights and Marlane Bassett's duties with respect to your protected health information.

Marlane Bassett, ND may use or disclose your PHI for the purpose of diagnosing or providing treatment, obtaining payment for health care bills, or to conduct health care operations; and may be required by law to use and disclose your medical information for other purposes without your consent or authorization. Your analysis, diagnosis, or treatment by Dr. Bassett may be conditioned upon your consent as evidenced by your signature below.

Your PHI means health information, including your demographic information, collected from you and created or received by Dr. Bassett other healthcare providers, a healthcare clearinghouse, an employer or a health plan. This protected health information relates to your past, present, or future physical or mental health or condition and identifies you, or there is reasonable basis to believe the information may identify you.

You have the right to request a restriction as to how your PHI is used or disclosed. Dr. Bassett is not required to agree to the restrictions; however, if Dr. Bassett agrees to a restriction, then the restriction is binding on Dr. Bassett. You have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Bassett has taken action in reliance on this consent.

Dr. Bassett reserves the right to revise Privacy Practices that are described in this NOTICE. The Effective Date at the bottom right hand side of this page indicates the most current NOTICE in effect. If you have any questions, concerns, or complaints about the NOTICE or your medical information, please contact Marlane Bassett, ND at (503) 235-2120.

A detailed NOTICE OF PRIVACY PRACTICES (long form), which fully explains your rights and my obligations under the law, is available. You have the right to receive a copy of my most current NOTICE; please ask Marlane Bassett if you would like a copy.

I have read and understand this notice of privacy practices required by HIPAA.

Printed name of patient

Date of signing

Signature of parent or personal representative

Description of personal representative

06.15.2009