

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, Donna Nikander MSN, FNP is not obligated to agree to requested restrictions.
- Receive confidential communications of protected health information.
- Inspect and copy your protected health information with some limited exceptions.
- Amend your health information.
- Receive an accounting of disclosures of your health information.
- Obtain a copy of this notice.

DONNA NIKANDER MSN, FNP – DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, Donna Nikander MSN, FNP has certain duties related to your protected health information, including:

- Donna Nikander MSN, FNP is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- Donna Nikander MSN, FNP is required to abide by the terms of the privacy notice that is currently in effect.
- Donna Nikander MSN, FNP reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in our office and available upon request.

CONCERNS

If you believe your privacy rights have been violated, you may make a complaint by contacting Reina Davalos, Office Manager, or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of this notice regarding the use and disclosure of my health information.

Signature (Parent or Guardian if minor or dependent)

Date

Printed Name of Patient or Authorized Representative