



# MECA

**NOTICE OF PRIVACY PRACTICES**  
**DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**  
**PLEASE REVIEW IT CAREFULLY.**

MECA has always been committed to protecting the privacy of your health information. Nonetheless, new federal laws now require health care providers to put in place more formal policies and procedures to safeguard your medical records and other records, such as billing records that contain personal health information about you.

These laws give you certain rights, including the right to receive this notice explaining our privacy practices and the right to ask us for an updated copy of the notice at any time. You have the right to:

- ask to see and copy your records
- ask us to amend your records if you believe them to be incorrect or incomplete
- ask us for a listing of certain disclosures about you that we may have made
- complain to us and/or to the Department of Health and Human Services

In addition to these basic rights, we will honor:

- reasonable requests you may have about where, when and how we may contact you
- you may ask us to make changes in our normal privacy practices, however, the law does not require us to agree

We routinely use the health information you give us or that we create to treat you, to bill you or your insurer, and to operate our business in ways consistent with good patient care and sound practice management. We have procedures in place to:

- ensure that your records are seen, in whole or in part, only by those staff members who need the information they see to do their jobs
- release your medical records to other health care providers involved in your care
- discuss some health information about you with relatives or friends who help with your care if you have agreed for these individuals to speak with us

Sometimes we work with individuals and businesses that help us run our practice more effectively. For example, we may hire answering services, accountants or billing consultants. We may disclose personal information about you to these business associates if they need the information to do their jobs. To protect your health information, we always include a provision in our contracts with business associates requiring them to put procedures in place to safeguard your records.

# M E C A

## NOTICE OF PRIVACY PRACTICES – continued

We release personal health information about our patients when we are required to do so by federal, state or local laws and for a number of public policy reasons including public health reporting, law enforcement activities, judicial proceedings, workers' compensation, and certain types of records-based research. Whenever we release records for these reasons, we follow privacy safeguards appropriate to the situation.

If we need to use or disclose your records for purposes other than those described above, we will get a written authorization from you. You should know that you may revoke any authorization you give us at any time, although you must do so in writing.

My family members, friends and caregivers to whom you may give appropriate personal health information are:

_____	_____	_____
Name	Relationship	Phone No.

_____	_____	_____
Name	Relationship	Phone No.

_____	_____	_____
Name	Relationship	Phone No.

(Additional names may be listed below)

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_