Information on Patient Rights Under HIPAA
Notice of Privacy Practices

This information is to help you understand your rights under federal privacy regulations, the Health Insurance Portability and Accountability Act, or HIPAA. This page focuses on your right to receive a Notice of Privacy Practices.

What is a Notice of Privacy Practices?
The Notice of Privacy Practices, or Notice, describes APNS's privacy practices. It describes how we use or disclose your medical or health information. It also explains your rights as a patient under privacy regulations, as well as APNS's responsibilities regarding your information.

Why do I need a Notice of Privacy Practices?
We are required by federal regulations to maintain the privacy of your medical or health information. We create a record of the care and services you receive at APNS. We need this record to provide you with quality care and to comply with certain legal requirements. The Notice will help you understand how to exercise your rights regarding your health information.

How do I get a copy of the Notice?
At your first visit to APNS, you will be asked to sign forms that you have reviewed. To review at other times, you can go to the APNS website at www.apnshelath.com and look under Patient Resources to review for reference. You may also email the APNS administration at info@apnshealth.com and a copy will be emailed to you.

How do I get more information about certain rights discussed on the Notice?
For additional information on your rights from the list below, you may:

- Ask APNS staff for forms or written information when available.
- To access information from the website at www.apnshelath.com under the section titled "Patient Resources" by clicking on the topic in which you are interested:
    - Right to access. *(Information on how to inspect and obtain a copy of your health information.)*
    - Right to accounting of disclosures. *(Information on how to request an accounting of disclosures made on your health information.)*
    - Right to amendment. *(Information on how to request an amendment to your health information.)*
    - Right to request confidential communications. *(Information on how to request that we communicate with you about your health information at alternative locations.)*
    - Right to restrictions. *(Information on your right to restrict certain disclosures of your health information.)*
    - Right to complain for privacy rights violations. *(Information on your right to complain if you feel that we have used or disclosed your health*

information inappropriately.)

- Using and disclosing your health information. *(Information on the ways in which APNS uses and discloses your health information for treatment, payment, and health care operations. Information on authorizations to release medical or health information and revoking authorizations.)*

Advanced Practice Nursing Specialists reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by Advanced Practice Nursing Specialists. The revised Notice will be posted in the Advanced Practice Nursing Specialists Policies and Procedures Manual reasonable efforts will be made to advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request. For further information, please contact the Office Manager or the Compliance and Risk Manager.

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