Keeping patient information secure is a top priority for all of us at Dr. Wolfe’s office. This notice tells you how we collect, handle and disclose personal information about you.

Our Policies and Practices to Protect Your Personal Information

We protect personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law. As a current patient, you can learn more about how we protect this information by reviewing the Privacy Promise for patients that we follow.

Personal Information We Collect and May Disclose

The personal information we collect about you comes from the following sources:

*Information we receive from you on registration or insurance referral forms, such as your name, address, and phone numbers.
*Information about your transaction with us, our affiliates, or nonaffiliated physicians such as your medical history.
*Information we receive about you from other sources, such as your employer and other third parties.

Nonaffiliated Third Parties To Whom We May Disclose Personal Information

Nonaffiliated third parties are those not a part of Dr. Wolfe’s office.

*Other physicians or healthcare workers

We may disclose personal information about you to third parties as permitted by law, including disclosure necessary to process your insurance claims and to provide necessary healthcare.

While information is the cornerstone of our ability to provide superior service, our most important asset is our patient’s trust. Keeping patient information secure, and using it only as our patients would want us to, is a top priority for all of us at Dr. Wolfe’s office.

Here, then, is our promise to our individual patients:

1. We will safeguard, according to strict standards and security and confidentiality, any information our patients share with us.
2. We will limit the collection and use of patient information to the minimum we require to deliver superior service to our patients about their medical condition, treatment options, prognosis and collecting payments for services rendered (i.e. through insurance companies, credit cards, checks or cash).

3. We will permit only authorized employees who are trained in proper handling of patient’s information, to have access to that information. Employees who violate our Privacy Promise will be subject to our normal disciplinary process.

4. We will not reveal patient information to any external organization unless we have previously informed the patient in disclosures or agreements, have been authorized by the patient, or are required by law or our regulators.

5. We will always maintain control over the confidentiality of our patient’s information.

6. Whenever we hire other organizations to provide support services, we will require them to conform to our privacy standards and to allow us to audit them for compliance.

7. For purposes of insurance, verification and risk management, we will exchange information about our patient’s with reputable reference sources and clearing-house services.

8. We will not use or share –internally or externally– personally identifiable medical information for any purpose other than filing and treating a medical condition or as disclosed to the patient when the information is collected, or to which the patient consents.

9. We will provide patients with their account information (except when we’re prohibited to do so by law) and how to notify us about errors which we will promptly correct.

I acknowledge receipt of the privacy notice and have been provided with a copy if I desire

________________________________________
Signature

____________________________
Date