

## **PRIVACY PROCEDURES**

Privacy Policy: Our practice recognizes and respects the fact that the patient has a right to inspect and obtain a copy of his/her Protected Health Information (PHI)

### **Privacy Procedures to accomplish this Privacy Policy**

- The Privacy Officer will provide the front office staff with an original form for patients to complete when the patient desires to inspect and copy his/her PHI.
- The front office staff will photocopy and make available to patients the form to Inspect and Copy PHI.
- The front office staff will respond to patients' requests and questions concerning inspecting and copying their PHI. In addition, the front office staff will distribute the form to the patients upon their request.
- Once the patient has submitted his/her request in writing (using the practice's form is optional), the front office staff must verify that the patient's signature matches his/her signature on file.
- The Privacy Officer must review the patient's request and respond to the patient within 30 days from the date of the request. The Privacy Officer can request an additional 30 day extension as long as the request is made to the patient in writing with the reason for the delay clearly explained.
- The Privacy Officer should agree to all reasonable requests. If access is denied, the Privacy Officer must provide the patient with an explanation for the denial as well as a description of the patient's review appeal.
- When the patient has requested to inspect their PHI and his/her request has been accepted, the Privacy Officer or other authorized practice representative should accompany the patient to a private area to inspect his/her records and remain with the patient during inspection. After the patient inspects the record, the Privacy Officer will note in the record the date and time of the inspection, and whether the patient made any requests for amendments or changes to the record.
- When the patient's request to copy his/her PHI has been accepted, the front office staff should copy his/her record within 15 days at a charge of 50 cents per page for the first 50 pages and 25 cents per page thereafter.

**JAMES RIVER FAMILY PRACTICE, LLC**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

**I, \_\_\_\_\_, AM AWARE OF JAMES RIVER FAMILY PRACTICE'S NOTICE OF PRIVACY PRACTICES.**

**I AM ALSO AWARE THAT I MAY REQUEST A COPY OF THE NOTICE OF PRIVACY PRACTICES.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**(IF COPY REQUESTED – PLEASE SIGN BELOW)**

**I, \_\_\_\_\_, HAVE RECEIVED A COPY OF JAMES RIVER FAMILY PRACTICE'S NOTICE OF PRIVACY PRACTICES.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**