

*Patient's copy*

**CRISCAR P.A. HIPAA Privacy Practices**

**CRISCAR P.A.**

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**THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**Please review it carefully.**

**SUMMARY:**

By law we are required to provide you with our notice of privacy practices (NPP). This Notice describes how your medical information may be used and disclosed by us. This information, often referred to as your health or medical record, is considered "protected health information" (PHI) and serves as a basis for planning and documenting your care and treatment and provides a means of communication among the many health care professionals who contribute to your care. Therefore, we may use or disclose your health information for purposes relating to treatment, payment or health care operations, as outlined below:

1. For treatment, including results of laboratory tests and information from other health professionals.
2. For payment, including sending diagnosis and bills to insurance carriers.
3. For regular health care operations, including business associates, notification reminders, workers compensation, public health, and law enforcement.

As a patient you have the following rights:

1. The right to inspect your information.
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications.
5. The right to a report of disclosure of your information, and
6. The right to a paper copy of this notice.

We want to assure you that your Health Protected information is secure with us.

If you have any questions about this Notice or need information about your medical record, the name and phone number of our contact person is listed below:

Contact Person: Dr. Mariela Fuenmayor

Phone Number: (512) 467-2500

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**I received the information about Notice of Privacy Practices  
for Protected Health Information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_