

CARY L. LEVERETT, M.D., F.A.C.S.
MICROSCOPIC VASECTOMY REVERSALS

NOTICE OF PRIVACY PRACTICES

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

1. We understand that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law says:
 - a. We must keep your health care information from others who do not need to know it.
 - b. You may ask that we not share certain health care information. (In some instances, we may not be able to agree with your request. These instances are rare.)
2. Your private health information may be used by those health care providers who take care of you. They may need your private health information in order to determine your plan of care. This may cover health care services you had before now. We may share health information about you in order to help you get services you may need. We may also use your information to contact you about appointment reminders, in office bookkeeping, etc.
3. You may see your health information. Most of the time you can receive a copy if you ask. If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information may have been sent, unless it was sent for treatment, for checking to make sure you receive quality care, or to make sure the laws are being followed.
4. If your health care information needs to go somewhere other than our office, you may be asked to sign a separate form, called an authorization form, allowing your information to go where you wish. The authorization form tells us what, where, and to whom the information must be sent. You can cancel or limit the amount of information sent at any time by letting us know in writing.
5. When private health information is released without authorization, it is normally used to support treatment of medical situations. The release of health information for this purpose is not tracked or accountable to you, (HIPAA rule 164.506). Any other release of health information made is tracked and is accountable.
6. To find out if your health information has been released without your authorization for purposes other than treatment, you may call my office at 830-237-5282.
7. You are entitled to have a copy of this notice for your records. You may print this notice from this website.
8. If you have any questions about this notice, or you think that we have not protected your private health information and you wish to complain about it, please contact our office or the Secretary of the United States Department of Health and Human Services.

Cary L. Leverett, M. D., F.A.C.S.

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Website: www.Reversals.com Email: Leverett@Reversals.com

Acknowledgement of Review of Notice of Privacy Practices

_____ I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

_____ I have chosen not to review this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. However, I was given an opportunity to do so. I understand that I am entitled to receive a copy of this document.

PATIENT SIGNATURE/PATIENT REPRESENTATIVE

DATE

PRINTED NAME OF PATIENT

DATE OF BIRTH