

Notice of Privacy

HIPAA is the Health Insurance Portability and Accountability Act (HIPAA). It was put into place to protect patient privacy and also ensures privacy of all accumulated health information that belongs to the patient. It was signed into law in 1996 under the United States Department of Health and Human Services.

Our Office Privacy Practices

All information that is obtained from you, by DNA Connexions, is protected and kept confidential under the Health Insurance Portability and Accountability Act (HIPAA). Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.

Uses and Disclosures

- Your protected health information is accessed and used for healthcare related purposes only.
- Your protected health information is never sold, rented, transferred, exchanged, and/or used for non-healthcare related purposes; including marketing activities; without your written authorization.
- Your protected health information can be disclosed without your written authorizations in certain limited circumstances such as: medical emergencies, in situations required by law, individuals involved in your care, when requested by public health agency, and when requested by a law enforcement agency.
- For any purpose, other than treatment, obtaining payment, healthcare operations, or certain circumstances, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.
- DNA Connexions may use your information for research or teaching purposes, but your name and any other identification information will be withheld.

Patient Rights

- You have the right to request to inspect and/or receive a copy of your health information when personal identification is properly identified.
- You have the right to request an alternate means or location to receive communications regarding your personal protected health information.
- You have the right to request in writing to amend, correct, or delete any recorded health information within our possession.
- You have the right to request in writing to restrict some of the uses and disclosures of your health information.
- You have the right to request in writing an accounting of certain disclosures of your health information that were made by this office.

KEEP IN MIND THAT IF YOU WANT YOUR REPORTS FROM OUR OFFICE SENT TO ANOTHER, YOU WILL HAVE TO SIGN A RELEASE FORM.