

Jonna L. Schmidt, M.D., P.C. Privacy Program
If you have any questions about this notice, please contact
Angela Monahan, Office Manager

Your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office whether made by your personal physician or one of the office's employees. This notice will tell you about the ways in which we may use and disclose your medical information. This notice will also tell your rights and certain obligations we have regarding the use and disclosure of your medical information.

This office is required by law to:

1. Make sure that medical information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to medical information about you.
3. Follow the terms of the notice that is currently in effect.

This office may use and disclose your medical information for the following:

1. For Treatment
2. For Payment
3. For Health Care Operations
4. Appointment Reminders
5. Treatment Alternatives
6. As Required By Law
7. To Avert a Serious Threat to Health or Safety
8. Health Oversight Activities
9. Lawsuits and Disputes
10. Law Enforcement
11. Coroners and Medical Examiners

Your rights regarding your medical information are as follows:

1. Right to Inspect and Copy
2. Right To Amend
3. Right to an Accounting of Disclosures
4. Right to Request Restrictions

We reserve the right to revise this notice. Any revised notice will be effective for medical information we already have about you as well as any information we receive in the future. Detailed descriptions of the above noted are available upon request. A full copy of our Privacy Standard is available upon request for your inspection. I understand that Jonna L. Schmidt, M.D., P.C. maintains a Community In The News Events Board, and similar boards in the exam rooms. I consent to my picture and/or news write up being posted in this manner, as long as it is in it's original published form.

I understand the above as it has been detailed for me.

Patient's Name _____

Signature of Patient/Parent/Guardian Date _____

Revised 09-18-2007