**CMG PATIENT RIGHTS**

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

Chestnut Medical Group of Fresno is permitted by federal privacy laws to make use and disclosure of your health information for purposes of treatments, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services. The health and billing records we maintain are the physical property of Chestnut Medical Group of Fresno.

Examples of uses of your health information for treatment purposes are:

1. Medical staff obtains medical information about you and records it in a health record manually or electronically.
2. During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with the specialist and obtain his/her input.
3. We submit requests for payment to your health insurance company. The health insurance company or third-party administrator helping us obtain payment requests additional information from us regarding the medical care given.
4. We may obtain services from business associates, such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance companies. The physicians/staff will share information about you with such business associated as necessary to obtain these services.

Chestnut Medical Group will:

1. Maintain the privacy of your health information as required by law. You have the right to amend the information if you believe it is incorrect. The request for the correction must be in writing.
2. Provide you with a notice as to our duties and practices/disclosures regarding information we collect and maintain about you.
3. When requested, provide a copy of your records to you no later than one week after the written request has been received.
4. Notify you if we cannot accommodate a requested restriction.
5. Accommodate your reasonable request regarding methods to communicate health information with you.
6. Abide by the terms of this notice.

You may obtain a paper copy of this notice and your record by making a request to our office, we may charge you $15 for copying your chart record. You may ask for a disclosure of who your records were sent to. You may request an amendment to your record by submitting the request in writing.

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_