

## Terence J. Delaney, M.D.

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ORTHOPAEDIC SURGERY  
SPORTS MEDICINE  
TOTAL JOINT REPLACEMENT

### Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Dr. Terence J. Delaney's office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. We may disclose your health information for payment of our services, for our normal healthcare operations, we may share your medical information, with our business associates, such as a billing service. We do have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose you health information when required by law.

If this practice is sold, your information will become property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we do not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we need to contact you from time to time, we will use whatever address and telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have a right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us a written request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

You may have a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, for more information or assistance regarding your health information privacy, please contact out Privacy Officer, Nicole Anderson at (408)364-2303.

This notice goes into effect as of April 14, 2003.

#### Acknowledgement

I have received and read a copy of the Notice of Privacy Practices. Date \_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

If signing as a parent or guardian please note the name of the patient \_\_\_\_\_