



PrimeCare Direct

Dr. Pham & Dr. Alwani

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HIPAA NOTICE OF PRIVACY PRACTICES & ACKNOWLEDGMENT

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.**

OUR COMMITMENT TO YOUR PRIVACY

PrimeCare Direct is committed to protecting your medical information. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements.

HOW WE USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your health information for: (1) Treatment; (2) Payment; (3) Healthcare Operations; (4) As Required by Law; (5) Public Health Activities; (6) Serious Threat to Health or Safety.

YOUR RIGHTS

You have the right to: Inspect and copy your health information; Request corrections; Request restrictions on uses and disclosures; Receive an accounting of disclosures; Request confidential communications; Receive a paper copy of this notice.

OUR DUTIES

PrimeCare Direct is required by law to maintain the privacy of your health information, provide you with this notice, and abide by the terms currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, contact us at (318) 562-3868 or file a complaint with the Secretary of Health and Human Services. You will not be penalized for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of PrimeCare Direct's Notice of Privacy Practices.

Patient Name (Print): _____

Date of Birth: ____/____/____

Signature: _____

Date: ____/____/____

Guardian Name (if minor): _____

Relationship: _____