

**TWIN FORKS FAMILY PRACTICE, LLC**

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**PRIVACY PRACTICES**

As a patient of ***Twin Forks Family Practice*** we want you to know that we respect your privacy and the confidentiality of your personal medical records and will take reasonable precautions to secure and protect that privacy. When it is appropriate, we provide the minimum information necessary to only those we feel are legitimately in need of your Personal Health Information (PHI) or to those you have designated, in writing, as persons we may speak to regarding your PHI.

The following procedures have been implemented in an attempt to safeguard your privacy and comply with the Department of Health and Human Services HIPAA "Privacy Rule":

- Patient Names  
Patients will be addressed by either their first name (John) or last name (Mr. Smith) to avoid disclosure of full names to others who may be in the office
- Telephones  
Personally identifiable information, such as date of birth, will be obtained from callers to verify to whom we are speaking on the telephone
- Waiting Room  
Twin Forks Family Practice has eliminated the use of patient sign in sheets to prevent anyone from seeing a list of patient names
- Electronic Medical Records (EMR)  
Twin Forks Family Practice has implemented state of the art EMR. EMR secures patient records containing individually identifiable health information in a secure environment so that they are not readily available to those who do not need them. All PHI is scanned into the computer system which eliminates the need for paper patient charts.
- Shredding  
All paper with personally identifiable information will be shredded after being scanned into the computer system
- Medical Records Requests  
Requests for medical records must be in writing on letterhead and received by mail or fax
- Outgoing faxes  
All outgoing faxes must include a "Confidential Transmission" warning
- Messages  
Live person, voice mail, answering machine or email messages from Twin Forks Family Practice, LLC will only request a call back from patient or guardian unless a "permission to leave detailed message" statement signed by the patient is on file
- Employees  
All personnel will be trained in and must adhere to office policy regarding Privacy Practices.

I have received a copy of ***Twin Forks Family Practice, LLC Privacy Practices***.

\_\_\_\_\_  
PATIENT/LEGAL GUARDIAN  
Print Name

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

\_\_\_\_\_  
PATIENT/LEGAL GUARDIAN  
SIGNATURE

\_\_\_\_\_  
DATE