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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.

USES AND DISCLOSURE OF HEALTH INFORMATION:

We use health information about you for treatment, to obtain payment of treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods.

It may be necessary to communicate with you about your health care/billing. We will at times leave brief messages on your answering machines or voicemail or with someone at your contact number, either home or work.

We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give our health information without your authorization for: Communication with family/close personal friends or any other person you identify regarding medical treatment or payment related to your care; funeral directors; organ procurement organizations; Food and Drug Administration; Worker's Compensation; correctional institutions; public health purposes and in case of emergencies including abuse. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information. You can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post a new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

INDIVIDUAL RIGHTS

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we do not charge the first time; however, normal photocopy fees will be charged if requested more than once. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes and other than when you explicitly authorize it. If you believe that the information in your record is incorrect or if important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. This does not obligate the physician to alter the chart.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

OUR LEGAL DUTY

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you have any questions, please contact Jane Racca, Office Manager

I acknowledge that I have read this Notice of Privacy Practices.

Signature of Patient or Legal Representative

Date

If Legal Representative, relationship to patient