

HIPAA Compliance Products

Benefits:

- Personalized with your Practice Name
- Stay up to date with your Privacy Notices
- Makes sure your patients are notified of your Privacy Practices
- Easy to use pre-designed templates
- Acknowledgements are pre-drilled to make filing easier

Posters

Plastic Frame



90# White Index
Plastic Framed - Gold or Black

Standard



110# White Index

Laminated



90# White Index
Laminated

Patient Handouts for Notice of Privacy Practices

Your Information, Your Rights, Our Responsibilities.

This notice describes how Your Practice Name may use and disclose your medical information and how you can get access to this information. Please review it carefully.

LAYERED SUMMARY TEXT -

Your Rights

You have the right to:

- Get a copy of your paper or electronic record
- Request confidential communication
- Get a list of those with whom we share your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Not family and friends about your condition
- Include you in a hospital directory
- Market our services and sell your information
- Provide disaster relief
- Provide mental health care
- Issue alerts

Our Uses and Disclosures

We use and share your information as we:

- Run our organization
- Provide quality health and safety issues
- Do research
- Respond to organ and tissue donation requests
- Address healthcare contamination, case enhancement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities when it comes to:

- Get an electronic or paper copy of your medical record
- Ask us to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- Ask us to correct your medical record
- Ask us to correct your health information about you that you think is incorrect or incomplete. Ask us how to do this.
- Request confidential communication
- Ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Ask us to not use or share your information
- Ask us to not use or share your information for treatment, payment, or our operations. We are not required to agree to your request, and we may charge you if it involves affecting your care.
- Ask us to include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as those related to research, in a summary of your health information. We may charge a fee for this.
- Ask us to include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as those related to research, in a summary of your health information. We may charge a fee for this.
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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us so. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and ability to tell us to:

- Share information with our family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Exclude your information in a hospital directory

Privacy Notice
Single Sheet/Two Sided
8-1/2" x 11", 20# White Bond, Black Ink

YOUR PRACTICE NAME HERE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ (Name of Patient) _____, acknowledge that I have received a copy of _____ (Name of Practice) Your Practice Name Here's Notice of Privacy Practices. This Notice describes how Your Practice Name Here may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

(Signature of Patient, or Personal Representative) (Date)

(Relationship to Patient)

HIPAA-03

Acknowledgement of Receipt for Patient Records
This sheet can be added to Privacy Notice

**Hang Posters in
Waiting & Exam Rooms.**

Prices shown reflect use of standardized template. Customizing of the template will incur additional charges.

**Patient handouts personalized
with practice information.**

**Acknowledgement of Receipt
sheet is drilled for easy insertion
into patient chart.**



Call today for samples!

POSTERS (Prices Each)

Product Code	Description	1	5	10	25	50
HPOSTER1	Standard	\$39.00	\$17.40	\$11.10	\$8.40	\$7.90
HPOSTER2	Laminated	\$53.20	\$22.10	\$15.30	\$12.10	\$10.50
HPOSTER3	Plastic Frame	\$80.60	\$49.00	\$42.10	\$40.50	\$39.50

Also available with wood frame - call for prices

PATIENT HANDOUTS (Prices Per 100 Sets)

Product Code	Description	100 Sets	250 Sets	500 Sets	1000 Sets	2500 Sets	5M Sets
HPH1	Privacy Notice	\$74.60	\$35.40	\$26.10	\$17.90	\$10.30	\$8.20
HPH1A	Privacy Notice w/Acknowledgement	\$123.70	\$57.50	\$41.70	\$29.80	\$18.20	\$17.10
HACK1	Acknow./Receipt Only	\$49.30	\$22.60	\$15.70	\$12.00	\$8.00	\$7.20

Practice Name _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Privacy Officer _____

Implementation Date _____

Please send me the following:

ITEM/STYLE	PRODUCT CODE	QUANTITY
Standard Poster	HPOSTER1	
Laminated Poster	HPOSTER2	
Plastic Framed Poster <input type="checkbox"/> Gold <input type="checkbox"/> Black	HPOSTER3	
Privacy Notice	HPH1	
Privacy Notice with Acknowledgement Receipt	HPH1A	
Acknowledgement Receipt only	HACK1	

Prices do not include freight or sales tax