



## **LEO TOUPIN, M.D., P.A.**

### **FREQUENTLY ASKED QUESTIONS REGARDING HIPAA**

In a constantly changing healthcare environment, **LEO TOUPIN, M.D.** is committed to educating his patients about healthcare issues that affect them. As a result, he has provided below general information about the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for your review. **LEO TOUPIN, M.D.** is complying with HIPAA regulations and will be happy to answer any additional questions you might have.

#### **WHAT IS THE PRIVACY RULE?**

The Privacy Rule is part of the HIPAA regulation of 1996. The Privacy Rule establishes a federal requirement that doctors, hospitals or other healthcare providers and health plans obtain a patient's written consent before using or disclosing a patient's personal information to carry out treatment, payment or healthcare operations.

#### **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Protected Health Information (PHI) means any personal health information as defined by law, including demographic information collected by a healthcare provider or other entity that could potentially identify the individual. PHI includes all medical records and other individually identifiable health information held or disclosed by **LEO TOUPIN, M.D.** regardless of how it is communicated (e.g. electronically, written verbally).

#### **WHAT IS TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS (TPO)?**

TPO refers to the treatment, payment or healthcare operations of **LEO TOUPIN, M.D.** In other words, **LEO TOUPIN, M.D.** can use or disclose PHI for performing any activity that it deems necessary to provide quality patient care; ensure that the physician is paid for services; and, operate the business. Some examples of these activities are use of PHI by the physician and clinical staff to treat a patient; use of PHI by the clerical staff to verify insurance information for billing purposes or obtain referrals; and, use of PHI by the administrative staff for strategic planning and internal management activities.

#### **WHY DO I HAVE TO SIGN A CONSENT FORM?**

In order to use or disclose your PHI, **LEO TOUPIN, M.D.** is required to obtain a signed consent form from you to directly treat you or carry out healthcare payment and business related activities. **LEO TOUPIN, M.D.** is not required to obtain your prior consent in an emergency, when **LEO TOUPIN, M.D.** is required by law to treat you, or when there are substantial communication barriers. **LEO TOUPIN, M.D.** reserves the right to refuse to treat you if you do not sign the consent form

#### **WHAT IS THE DIFFERENCE BETWEEN THE CONSENT AND AUTHORIZATION FORMS?**

In order to use or disclose your PHI for specific purposes, other than direct treatment, payment, or healthcare operations, **LEO TOUPIN, M.D.** is required to obtain a signed authorization form from you. For example, if you request **LEO TOUPIN, M.D.** to disclose PHI to a third party, you must sign an authorization form. This authorization form is more detailed than a consent form and has a specific expiration date.



**LEO TOUPIN, M.D., P.A.**

**PATIENT RECEIPT OF “NOTICE OF PRIVACY PRACTICES”**

LEO TOUPIN, M.D has provided information regarding the Notice of Privacy Practices. This notice describes the practice’s commitment to privacy, my rights to privacy, and how LEO TOUPIN, M.D. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

By signing this form, I am acknowledging that I have reviewed the Notice of Privacy Practices which explains how my medical and personal information will be used and disclosed. I understand that I am entitled to receive a copy of this document, upon request.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Signature Patient/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient