



HIPAA Notice of Privacy Practices (Health Insurance Portability and Accountability Act)

This is a General Summary Notice of our HIPAA Privacy Practices for Patients:

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical and dental care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality health care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical/dental practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. A more detailed document describing your rights and our practices is available for your review and you may receive a copy of this as well upon request. This notice describes how we may use and disclose your patient/personal health information. It also describes your rights and our legal obligations with respect to your healthcare information. For more information you may also visit www.hhs.gov/ocr/privacy/

If you have any questions or concerns about this Notice, please contact our Compliance Officer at 612-822-9030 or submit them in writing to:

***Compliance Officer- Southside Community Health Services
4243 4th Ave. South
Minneapolis MN. 55409***

I acknowledge I had been advised of the HIPAA Privacy Practices of SCHS and have been offered a fully detailed written explanation of these practices:

Print Name: _____ ***Date:*** _____

Signature: _____ ***relationship to patient*** _____
(parent to complete if patient is a minor)

Print Name of minor patient if signing for a minor _____

Yes I would like a fully detailed copy of the HIPAA notice: _____

No I do not want a fully detailed copy of the HIPAA notice at this time: _____

*Organizations covered by this notice: Southside Community Health Services (SCHS)
Southside Dental Clinic and Mobile Dental Services
Southside Vision Clinic
Southside Medical Clinic
Southside Behavioral Health Clinic*