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**Mohamed Shahed, M.D.**

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Email: signaturemedsstaff@gmail.com

 **HIPPA COMPLIANCE**

While we have always kept your health information secure and confidential, a law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment or for payment of your services. For example, we may send a report to your referring doctor or your insurance company.

We have a contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. We may call and remind you of appointments, if you are not home, we may leave the information on your phone or with someone the answers the phone.

In an emergency, we may disclose your health information to a family member or another person responsible for you care, such as:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Except as described above, this practice will not use or disclose your health information without written consent.

You have the right to transfer copies of your health information to another health practice/provider, with written consent (please allow time for the transfer).

For full medical records request of your personal records, we need a written request and there is a fee of 10 cents per page charge (you can print at no charge from MyChart).

You may file a complaint with the Department of Health and Human Services if you feel that we have not provided the upmost security with your health records. However, prior to filing a formal complaint, for more information or assistance regarding your health information privacy, please contact our office for further assistance 216.252.8000.

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 PATIENT SIGNATURE DATE