



MEDICAL PRACTICE MANAGEMENT SERVICES  
51 BRACKEN PLACE  
MURRYSVILLE, PA 15668

PHONE: 724-387-2455

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WEB ADDRESS: WWW.MPMS.INFO

In this privacy agreement, "you" means \_\_\_\_\_, and "we", "our", and "us" means Medical Practice Management Services

### USE AND DISCLOSURE OF PATIENT INFORMATION

1. You may disclose patient information, including all their clinical and billing records to the patient's insurance carrier, HMO, PPO or other parties potentially liable for payment of services.
2. You may only use or disclose patient health information or social security number for the proper management and administration of our business.
3. You must use appropriate safeguards to ensure patient confidentiality, including locking of filing cabinets, password protection of computer equipment, and destruction of paper documentation containing patient name, social security number, insurance information, and diagnosis and procedure codes.
4. You may not share the identity of any client or of any client's patient with any person outside of our organization.
5. At the termination of your relationship with us, we must return all patient records to your offices, and may not maintain any copies on our premises.

The use or disclosure of our patient's health information described in points 1-6 above is conditioned on the following:

1. MPMS will not use or further disclose our patient's health information other than as permitted or required by the contract or as required by law;
2. MPMS will use appropriate safeguards to prevent the use or disclosure of the patient's health information other than as provided for by this contract;
3. MPMS will report to us any use or disclosure of the patient's health information of which you become aware that is not provided for by this contract;
4. MPMS will ensure that any agent, including subcontractor(s), to whom you provide protected health information agree to the same restrictions and conditions that apply to you with respect to protected patient health information;
5. MPMS will allow patients access to or copies of their health information in accordance with our policies and procedures and 164.524;
6. MPMS will allow patient's to amend their health information and incorporate any amendments to the patient's health information file in accordance with our policies and procedures and 164-526;
7. MPMS will make available patient's health information as required to provide and accounting of disclosures in accordance with 164.528;
8. MPMS will make your internal practices, books, and records relating to the use and disclosure of protected health information received from, or created or received by you

on our behalf available to the Secretary of Health and Human Services for purposes of determining our compliance with this portion of the law; and

9. At the termination of this contract MPMS must return all of the patient's protected health information that you created or received from any source. MPMS may not retain any copies of that information. If the return of any patient health information is not feasible, you must inform us and you agree to extend the protections of this contract to this information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible;
10. MPMS will obtain reasonable assurances from the person or organization to whom a patient's health information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed and the person agrees to notify you of any instances of which they became aware that the confidentiality of the patient's health information has been breached.

You agree that we may terminate our relationship with you if we determine you have violated any part of this contract Addendum.

**CLIENT**

**MPMS**

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**DATE**

**DATE**