

Patient Privacy Protection Advisory

Notice of Non-participation in Government Medical Records Program

I have chosen to remain a non-covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that went into effect in October 2002, and *our practice will not participate in the entry of your private data into this HIPAA database. Your records will be released only with your written consent, except as may be specifically required by law.*

If I agreed to participate, I would have to comply with more than 3000 pages of federal laws and regulations that decide how and when your private medical files are used, as well as who has access to them. *This would be done without your permission.* Instead, you would only have a chance to read a statement of general ways your records might be used, rather than *requiring your consent* for their use.

Under these rules, thousands of government agencies would have virtually unrestricted access to your medical records. The HIPAA standards will result in a nationwide database of medical records accessible to marketers, government agents, researchers, and many private entities whose interest may conflict with the best interest of patients. It is not possible to protect confidentiality once records are in a networked computer, no matter how many rules are in force.

Further, the regulations enable to centralized government database of everyone's medical records. Information in your medical record could be used against you, for example, to ration your care or even to prosecute you, as for an allegedly false statement to an insurer.

I am also better able to serve your medical needs by concentrating on medical problems rather than complex, ever changing rules, and by organizing my practice in an efficient manner rather than the way dictated by government rules.

You must file your own claim and we will gladly provide you with any documentation you need to do so.

We will continue to make the trust of our patients our highest priority.

Sincerely,
W.A. Shrader, Jr. MD

I have read this statement and understand Dr. Shrader's policy on HIPAA

Signed: _____ Print Name: _____