



**JEWISH FAMILY SERVICE OF THE DESERT  
NOTICE OF PRIVACY PRACTICES**

**SUMMARY NOTICE**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

**Jewish Family Service of the Desert** keeps medical information about you. This information is personal and private. We need to use this information in many ways:

- Conduct, plan and direct your treatment, which may be reviewed at agency clinical meetings.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and professional certification.

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). These rights are:

- Review the complete notice of privacy practices prior to signing this agreement.
- Right of access to inspect and copy information in my file.
- Right to amend information in my file.
- Right to an accounting of disclosures made about information in my file.
- Right to request restrictions on how my information is used. I understand JFS is not required to agree to my request.
- Right to request the way in which information about me is shared.
- Right to copy of this notice.
- The right to file a complaint regarding privacy with the Secretary of Health and Human Services toll free at 1-877-696-6775. If I have any questions regarding my privacy rights I can contact the JFS privacy official at 760-325-4088.

Client Name \_\_\_\_\_  
*(Child's name, if client is a minor)*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Parent / Legal guardian, if client is a minor)*

Relationship to client \_\_\_\_\_  
*(To be filled out by parent/guardian only if client is a minor)*