



Dear New Patient,

Facey would like to take this opportunity to welcome you as a patient and to thank you for choosing us for your healthcare needs. It is our goal to assist you with all of your medical needs. We wish to make your visits informative and your patient experience pleasant and rewarding.

Facey Medical Group understands that health information about you and the health care you receive is personal. We are committed to protecting your Protected Health Information (PHI). We are also committed to maintaining the confidentiality, integrity and security of personal information entrusted to us by you, our patient. Please take a few minutes to review the privacy policy of Facey Medical Group. You do not have to contact us to benefit from the organizations privacy practices; the protection automatically applies to all our patients.

We kindly ask that you take the time to read this informative literature, including information regarding the variety of Medical Record forms that you as a patient may find useful and or may apply to you.

As a patient,

- You have the right to inspect and request a copy of your medical and billing records. To inspect and copy your medical records please complete and sign an Authorization for Release of Medical Information by submitting your request in writing to our Release of Information Department. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.
- You have the Right to amend your medical information. You may request in writing an amendment to your medical information. You must submit an Authorization for Amendment along with a written statement. Requests should be made to our Release of Information Department. Requests need to be in writing.
- You have the right to receive an Accounting of Disclosures for purposes other than treatment, payment or health care operations. The request needs to be in writing and addressed to the Release of Information Department. There is a cost associated for this request.
- You have the right to Request restrictions and or Permission for Oral Communication. You may ask us to restrict or limit your medical information as it applies to treatment payment or health care operations. Such restrictions can include family members and friends. We are not required to agree to a restriction that you may request if your physician believes it is in your best interest to permit use and disclosure of your PHI. To request a restriction, please complete a request for Restriction and send it to the Release of Information Department.

If you have any further questions please feel free to contact our Release of Information Department (ROI) at 818-837-5668, Monday through Friday from 8:30-5:30pm.

We look forward in participating in your health care needs.

**Facey Medical Group**  
**Health Information Management Department Services (HIM)**