

HIPAA PRIVACY STATEMENT



NOTICE OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR PATIENTS MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY

At American Credit Association LLC, we are committed to protecting the privacy of your patients' personal and health information. All of our employees are required to sign confidentiality agreements and are required to comply with our confidentiality policies.

We may use or disclose your protected health information for purposes of payment only with your clients written consent (which you have obtained). For Example, we may submit a claim to an insurer, or forward a copy of the statement you have provided to your client by mail or fax. We must obtain your written authorization for any other use or disclosure. You May revoke your consent or authorization at any time in writing This will not apply to information used or disclosed while the consent or authorization was in effect.

We will provide access to your patients information, without your consent or authorization, when required to do so by law or regulation. Access may be granted to public health and law enforcement authorities, health care oversight agencies, government benefits programs, employers (in cases of work related illness or injury), Courts and administrative tribunals.

We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the most current notice in effect.

We reserve the right to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. We will provide you with a revised notice by mail.

If you wish or need to do so, please select the following link for a printable copy of our

Business Associate Agreement