### ***Notice of Health Information Practices – Summary***

Your privacy is important to us. This notice explains how your personal health information (PHI) is used, shared, and protected under federal law.

###

### **Your Medical Record**

Every time you visit us, a medical record is created. This includes:

* Your symptoms
* Exams and test results
* Diagnoses and treatment plans

Your record is protected by strict **state and federal confidentiality laws**.

###

### **Your Health Information Rights**

While your **medical record** belongs to the provider, the **information in it belongs to you**.

You have the right to:

* Request and receive copies of your records
* Ask for corrections or updates
* Request a list of times your PHI was shared (known as an “accounting of disclosures”)

### **Our Responsibilities**

Under the **Health Insurance Portability and Accountability Act (HIPAA)**, we are legally required to:

* Keep your health information private and secure
* Provide this notice to explain our privacy practices
* Notify you if a **security breach** affects your personal health information

### **How We Use and Share Your Information**

We may use or share your health information for the following reasons **without needing separate permission**:

#### **1. Treatment:** To coordinate your care with doctors, specialists, and other providers

#### **2. Payment:** To bill your insurance, verify benefits, or process payments (This may include diagnoses, procedures, and dates of service)

#### **3. Health Care Operations:** To run and improve our practice — including quality checks, staff training, and administrative tasks We may also work with trusted third parties (like billing companies) who must follow strict privacy rules.

###

### **Situations You May Object To**

In certain cases, we may share relevant information with **family or caregivers** involved in your care — unless you tell us not to.

**Disclosures We’re Required to Make (No Consent Needed)**

There are times we must release your information, such as:

* **Public health reporting** (e.g., infectious diseases)
* **Cases of abuse or neglect**
* **Court orders or legal proceedings**
* **Law enforcement requests**
* **National security or government functions**

### **When Authorization Is Required**

We will always ask for your **written permission** before sharing your PHI for:

* **Marketing**
* **Psychotherapy notes**
* **Non-healthcare-related third parties**

You may revoke your authorization at any time.

###

### **Filing a Complaint**

If you believe your privacy rights have been violated, you have the right to file a complaint — with no risk of retaliation.

You may contact:

 **Pandora Family Medicine**  or **U.S. Department of Health & Human Services** Washington, D.C.

###

### **Full Privacy Notice**

We’ve prepared a detailed **Notice of Privacy Practices** for you to review.

* The latest version is always posted in our office
* You may request a printed copy at any time