

 **Effective Date: 4/01/03**

**NOTICE OF PRIVACY PRACTICES**

This notice describes information about you may be used and

Disclosed and how you can get access to this information.

Please review it carefully.

We care about our patient’s privacy and strive to protect the confidentiality of your medical information at this office. Now federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this office is required by law to maintain the privacy of your protected health information. This office is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to the protected health information. If you have any questions about this notice, please contact the Privacy Officer at this practice.

**Who Will Follow This Notice:**

Any health care professional authorized to enter information into the patient record, employees, staff and other personnel at this practice who may need access to your information must abide by this notice. All subsidiary business associates (e.g. a billing service), sites and locations of practice may share medical information with each other for treatment, payment purposes or healthy care reasons as described in this notice; when treatment is involved, only the minimum necessary information needed to accomplish the task will be released.

**How We May Use and Disclose Medical Information About You:**

The following categories describe different ways that we may disclose medical information without your specific consent or authorization; examples are provided; not every possible use or disclosure has a category listed.

**For Treatment:**

We may disclose or use your health information to a physician or other healthcare provider providing treatment to you.

**For Payment:**

We may use and disclose your health information to obtain payment for a service we provide for you.

**For Health Care Operations:**

We may use and disclose your health information for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

**Other Uses or Disclosures That Can Be Made Without Consent or Authorization:**

* As required during an investigation by law enforcement agencies
* To avert a serious threat to public safety
* As required by military command authorities for their medical needs
* To workers’ compensation or similar programs for processing of claims
* In response to a legal proceeding
* To a coroner or medical examiner for identification of a body
* If an inmate, to the correctional institution or law enforcement official
* As required by the US Food and Drug Administration (FDA)
* Other healthcare provides’ treatment activities
* Other covered entities’ and providers’ payment activities
* Other covered entities’ healthcare operations activities (to the extent permitted under HIPAA)
* Uses and disclosures in domestic violence or neglect situations
* Health oversight and other public health activities

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also contact you in the form of a newsletter, etc.

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**Uses and Disclosures of Protected Health Information Requiring Your Written Authorization:**

Other uses and disclosures of medical information not covered by this Notice of the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will therefore no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of care that we have provided you.

**Your Individual Rights Regarding Your Medical Information:**

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this officer or with the Secretary of the Department of Health and Human Services (Address: 200 Independence Ave., S.W., Washington D.C. 20201, Telephone: 202-619-0257 or 877-696-6775.) All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

**Right to Request Restrictions:** You have the right to request as restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will abide by your request unless the information is needed to provide you with emergency treatment. To request restriction you must submit your request in writing to the Privacy Officer at this officer. In your request you must tell us what information you want to limit.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (in writing). Your request must specify the alternative means or locations, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Right to Inspect:** You have the right to inspect and request a copy of your medical records.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. You must provide a written copy of the request and reason that supports your request. Records received from other facilities cannot be changed in this office. A request must be submitted to that facility in writing.

**Right to Accounting of Non-Standard Disclosures:** You have the right to request (in writing) a list of the disclosures we made of medical information about you. Your request must state the time period, for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2008.

**Right to Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time.

**Changes to This Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, with the effective date in the upper right coroner of the first page.