# 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.

# **Uses and Disclosures**

Treatment. Your health information may be used by staff members or disclosed to other health professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

#### **Payment**

Your health information may be used to seek payment from your health care plan.

# **Health Care Operations**

Your health information may be used as necessary to support the day to day activities and management of John M. Henderson D. O., P.C.

### **Law Enforcement**

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting .

# **Public Health Reporting**

Your health information may be disclosed to public health agencies as required by law.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed requires your specific authorization. If you change your mind after authorizing your information; you may submit a written revocation of authorization.

#### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected medical information.
- The right to submit corrections to your protected medical information.
- The right to receive an accounting of how and to whom your protected medical information has been disclosed.
- The right to receive a printed copy of this notice.

# John M. Henderson D.O., P.C. Duties

We are required by law to maintain the privacy of your health information and provide you with a "Notice of Privacy Practices"

# Right to Revise Privacy Policies

As permitted by law we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in the federal and state laws and regulations.

# Request to Inspect Protected Health Information

You may generally inspect or copy the protected medical information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected information be submitted in writing. You may retain a form to request this information at our office. Your request will be reviewed and generally approves unless there are legal or medical reasons to deny the request.

# **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Tony Stark - Office Manager John M. Henderson D.O., P.C. 1900 10<sup>th</sup> Avenue Suite 320 Columbus, Ga 31901