



## HIPAA Privacy Statement

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.

This office is committed to protecting your personal and medical information. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care and complies with this office's medical records retention requirements. This office may use and disclose your medical information in the following ways:

- a. In order to provide you with the healthcare you require, this office will disclose your medical information to those healthcare professionals involved in your care so that they may understand your medical condition and needs.
- b. Your health care records and your billing records may be disclosed to another party, such as an insurance carrier, to facilitate reimbursement to you for payments made by you for services. Your written authorization must be given to us before we can provide your health and billing records in these cases.

You have the right to inspect or obtain a copy of the information we will use for these purposes.

This office may use or disclose your medical information, without a written consent from you, in the following instances:

- c. Your name, address, phone/text number, email address and your health records may be used to contact you regarding appointment reminders, information about alternatives to your present care or other information that may be of interest to you. If you are not available to receive an appointment reminder, a message may be left for you. If you do not want us to contact you in this regard, you must provide us with a written notice.
- d. If we are providing health care services to you based on the orders of another health care provider.
- e. If we provide health care services to you in an emergency.
- f. If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- g. If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your protected health information, other than as outlined above (c. through g.), will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home, or if you would like the information in a different form, please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition you have the right to request an amendment to your health information. Any request to inspect, copy, or amend your health related information must be provided to us in writing.

We are required by state and federal law to maintain the privacy of your client file and the health protected information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to further disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have any questions regarding our privacy activities, please contact our Office Manager.

This notice is effective as of September 1, 2014. This notice and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are a minor, (under 18 years) or you are being represented by another party.

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date