



NOTICE OF PRIVACY PRACTICES

We are dedicated to maintaining the privacy of your protected health information (PHI.) Federal and state laws ensure the privacy of your medical records, their availability to you, and specific rights regarding your medical records. In addition to your authorization, we may use or disclose your health information in accordance with the law under certain circumstances.

**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 OF HEALTH INFORMATION: TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

In performing our duties, we may use and disclose your healthcare information for Treatment, Payment and Health Care Operations. Some examples of this use or disclosure include:

Treatment: Booking an appointment for you; testing or examinations prescribing tests or medications and transmitting prescriptions to be filled; referring you to medical professional, healthcare provider, clinic, or medical facility for necessary services, evaluation, consultation, or products; or obtaining copies of your healthcare information from another professional whom you may have seen before us.

Payment: Asking you about your medical care plans or other sources of payment for services; billing and collection related activities (including the use of a collection agency or attorney when necessary and permitted); actions by a health plan or insurer to determine or fulfill its responsibilities regarding patient eligibility, coverage, and claims adjudication.

Health Care Operations: These are administrative and managerial functions necessary for running our office. Examples: quality assessment and financial audits; personnel and training decisions; participation in managed care plans; defense of legal matters; business planning; outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for other reasons, we generally will ask you for written permission

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never arise at our office at all. Examples of such disclosures

- when a State or Federal law mandates that certain health information be reported for a specific purpose;
- Public health or Safety purposes to address situations as permitted by law, including: problems with medical products or product recall Notices, threats to public health and



safety, crime reporting, disaster relief efforts or national security;

- to Military command authorities as required concerning your service;
- to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- for Regulatory or administrative oversight, such as to professional licensing Boards, state Insurance departments, public Health departments, and inquiries by medical benefits administrators such as Medicare;
- Law enforcement in response to a law enforcement official, court or administrative agency subpoena or order or other lawful purposes including for Workers' Compensation programs;
- to a Coroner or Medical Examiner for the performance of their duties;
- to parties handling organ and tissue donations and transplantation;
- necessary data for governmental agency research programs, public health, or health care operations;
- disclosures to contractors who are our business associates who perform health care operations for us and who commit to respect the privacy of your healthcare information.

Unless you object, we may also share relevant information about your care with your family member(s) or personal representative(s) who are directly involved in or are helping you with your health care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may mail you an appointment reminder on a postcard, and/or leave you a reminder message at your designated primary telephone number or with someone who answers your phone if you are not available.

OTHER USES AND DISCLOSURES

Any other uses or disclosures of your health information shall be made only with your signed written permission identified as an "authorization form." We or you may initiate the authorization process by using a properly completed authorization form. This form is available through our office, or you may provide us a similar form if you choose. If you provide us with an authorization, *you* may revoke that permission at any time by sending us a written request. If you revoke your permission, we will no longer use or disclose your healthcare information for the reasons stated in your authorization, except to the extent that we have already acted in reliance upon the authorization.

PATIENT RIGHTS

The law gives you many rights regarding your healthcare information. You may exercise these rights by sending a written request addressed to the office contact person named at the end of this Notice.



- *Right to Request Restrictions.* You may ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We are not required to agree to your request, but if we do agree, we must honor the restrictions that you want.
- *Right to Request Confidential Communications.* You may make a reasonable request that we communicate your healthcare information to you in a certain way or at a certain address. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests.
- *Right to Inspect and Copy.* You generally have the right to view and copy personal healthcare information that we maintain. If you request a copy of the information, we may charge for the costs of copying, mailing, or other supplies associated with your request. We will notify you of such costs so *you* may change your request if desired.
- *Right to Amend.* If you feel that personal healthcare information we have about you is incorrect or incomplete, you may ask us to amend the information. We will send the corrected information to parties whom we know received the incorrect or incomplete information, and others that you specify. We may deny your request for an amendment if: it is not in writing or does not include a reason to support the request, the current information is accurate and complete, or if we did not create the information. If we deny your request, you may send us a written notice of disagreement with our denial.
- *Right to an Accounting of Disclosure(s).* You have the right to request one free list per calendar year of our disclosure(s) for purposes *other than* Treatment, Payment, or Health Care Operations that were made to you or your representative(s), authorized by you, or were required by law. Your request must state a time period within the past six years.
- *Right to a Paper Copy.* You may request a paper copy of this Notice any time.

CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have or may generate in the future. If we change our Notice of Privacy Practices, we will post the revised Notice in our office and make copies available.

COMPLAINTS

If you believe that we have not properly respected the privacy of your health information, you may file a written complaint with us or with the Secretary of the U.S. Department of Health and Human Services, Attn: Office for Civil Rights. You will not be penalized for making a complaint. If you prefer, you can discuss your complaint in person or by phone.

OFFICE CONTACT INFORMATION:

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