



Notice of Privacy Policies

This notice describes our policy for how information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. This notice will remain in effect until it is replaced or amended by changes in law.

You have the right to request a restriction or limitation on the personal information we use or disclose about you. This request must be done in writing.

You should be aware that during the course of our relationship with you, we will likely use and disclose information about you for our record keeping. We will not release information to any future doctor, attorney, life insurance company, without your written consent.

You may specifically authorize us to use protected information for any purpose or to disclose your personal information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected information.

This office may use or disclose your Protected Health Information when required by law.

Upon written request you have the right to access, review, or receive copies of your personal records. Upon written request, you have the right to receive a list of items this office disclosed about your personal information. Upon written request you have the right to request that this office place additional restrictions on disclosure of your Protected Health Information. Upon written request you have the right to request that we amend your Protected Health Information. You have the right to receive all notices in writing.

If you want more information, please contact Greg Asbury at 503-744-0047

Printed name

Signature

Date: