

## NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can access your individual identifiable health information. Please read carefully.

### 1. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:

- a. **Treatment** Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
- b. **Payment:** Your health information may be used to seek payment from your health plan from other sources or coverage such as automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided and the medical condition being treated. You are required to provide this practice with all insurance coverage information; health, auto, and worker's compensation (if applicable), or discuss and provide an alternative method for providing payment for services to this practice.
- c. **Health Care Operations:** Your Health Information may be used as necessary to support the day-to-day activities and management of this practice. For example, information on the services you received may be used to support budgeting and financial reporting to evaluate and promote quality or to contact and remind you that you have an appointment.
- d. **Law Enforcement:** Your Health Information may be disclosed to law enforcement agencies. Without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- e. **Public Health Reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable disease to the state's health department.
- f. **Other Uses and Disclosures:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services (such as a billing service) if the information is necessary. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement. Your Health Information may also be used or released for coroners, Medical examiners and Funeral Directors. Any other disclosure of your Health Information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.
- g. **Information about Treatment:** Your Health Information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health related goods and services that we believe may interest or be of benefit to you.

### 2. YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARDS:

- a. The right to request restrictions on the use and disclosure of your Health Information. However, we are not required to agree to your request.
- b. The right to receive confidential communications concerning your medical condition and treatment.
- c. The right to inspect and purchase a copy of your protected information.
- d. The right to request an amendment or submit corrections of your health information. However, we are not required to agree to your request.
- e. The right to receive an accounting of how and to whom your Health Information has been disclosed.
- f. The right to file a complaint. If you would like to submit a comment or complaint about our privacy practices or suspect violation, you may do so by letter, outlining your concerns. Please address this to our Practice Manager or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

3. **CHANGES TO THIS NOTICE:** We reserve the right to change this notice and make the new notice apply. We will post a copy of our current notice at our office with the effective date.