



Notice of Privacy Practices

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We are required by federal and state law to protect the privacy of your health information. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements.

Law requires us to: Keep your medical information private, give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information. Follow the terms of the current notice.

We have the right to: Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices: Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the top of this notice.

1. For treatment
2. For payment
3. For health care operations

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes: Facility directory, notification, disaster relief, coroner, medical examiner, court orders and judicial and administrative proceedings, public health activities, workers compensation, health oversight activities, law enforcement, appointment reminders, and alternative and additional medical services.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ Birth date: _____

Signature: _____ Date: _____