



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have questions about this notice, please contact our Practice Privacy Officer.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit a physician, hospital, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment (including medications), and a plan for future care or treatment. This information, often referred to as your medical record or chart, serves as a:

- Basis for planning your care and treatment.
- Means of communicating among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can access and continually work to improve the care we render and the outcomes we achieve.

By understanding what is in your medical record and how your health information is used, it helps you to:

- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you, which gives you certain rights related to its use and disclosure. Your rights are addressed in this notice.

This notice will describe the legal duty and obligations of the practice/practitioner as well as how your health information may be used and/or disclosed and your rights.

PRACTICE LEGAL DUTY:

We are required by applicable federal and state law to:

- Maintain the privacy of your health information.
- Give you this Notice of our legal duties and privacy practices regarding health information about you.
- Follow the privacy practices that are described in this Notice while this Notice is in effect. This Notice will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

USE AND DISCLOSE OF HEALTH INFORMATION:

Described as follows are the ways we may use and disclose health information that identifies you (“Health Information”). Except for the following purposes, we will use and disclose health information only with your permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

Treatment. We may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, or other personnel,

including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Payment. We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

Health Care Operations. We may use and disclose health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relation with you (for example, your health plan) for their health care operation activities.

Authorization. In addition to our use of your health information for treatment, payment, and health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Appointment Reminders. We may use or disclose your health information to contact you and to remind you that you have an appointment with us. Appointment reminders may be in the form of voicemail, postcards, or letters.

Persons Involved in Care and Payment of Your Care. We may use or disclose health information with regard to your location, your general condition, or death in order to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your medical care. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. We will use our professional judgment, and our experience with common practice, to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

Your Family and Friends. As described in the Patients Rights Section of this Notice, we must disclose your health information to you. In addition, we may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Marketing, Treatment Alternatives, Health Related Benefits, and Services. We may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Research. Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes as long as they do not remove or take a copy of any health information. Removing and/or copying health information for research purposes requires your signed approval and authorization.

USE AND DISCLOSE IN SPECIAL SITUATIONS:

As Required by Law. We will disclose health information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health, Safety, Abuse, or Neglect. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health of others.

Business Associates. We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Business associates are required to sign affidavits to this effect.

Organ and Tissue Donation. If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes or tissues to facilitate organ, eye, or tissue donation; and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release health information as required by military command authorities. We may also release health information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risk. We may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required, or authorized, by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or other similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; or (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President of the U.S. and Others. We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be necessary: (1) for an institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS:

You have the following rights regarding health information we have about you:

Right to Access, Inspect, and Copy. You have a right to access, inspect, and obtain a copy of your health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To access, inspect, and copy this health information, you must submit a written request to the Privacy Officer. Please feel free to ask one of the practice staff members for assistance.

Right to Amend. If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, our office. To request an amendment, you must submit a written request to the Privacy Officer. Please feel free to ask one of the practice staff members for assistance if you desire to amend your health information. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must submit a written request to the Privacy Officer. Please feel free to ask one of the practice staff members for assistance if you desire an accounting of disclosures.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must submit a written request to the Privacy Officer. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Please feel free to ask one of the practice staff members for assistance if you desire to request a restriction.

Right to Request Confidential / Alternative Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must submit a written request to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. Please feel free to ask one of the practice staff members for assistance if you desire to request confidential or alternative methods of communications.

Right to a Copy of This Notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this Notice at any time.

QUESTIONS AND COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer. All complaints must be made in writing. Should you have any questions, please feel free to ask one of the practice staff members to assist you or direct you to our Privacy Officer.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the Department of Health and Human Services.