

## NOTICE OF PRIVACY PRACTICES

**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or business operations and for other purposes that are permitted or required by law. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical health or condition, treatment or payment for health care services. This Notice also describes your rights to access and control your protected health information.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

Your protected health information may be used and disclosed by our physicians, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to support business operations of this office, if requested by you, to a finance company to pay for your care, and any other use required by law.

### **TREATMENT:**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure the necessary information is accessible to diagnose or treat you.

### **PAYMENT:**

Your protected health information will be used, if requested by you, to obtain payment for your health care services. For example, if you choose to finance the health care service cost, this may involve disclosing relevant protected health information in order to obtain financing approval.

### **HEALTH CARE OPERATIONS:**

We may use or disclose, as needed, your protected health information in order to support the business activities of this office. These activities include, but are not limited to, quality assessment, employee review, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room for your appointment. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law; public health issues as required by law, communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral directors and organ donation; research; criminal activity; military activity and national security; workers' compensation; inmates; and other required uses and disclosures. Under the law, we must make disclosure to you upon your request and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.

### **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:**

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. Your protected health information will not be used for fundraising. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. **YOUR**

**RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:**

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to require a restriction of your protected health/personal information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another service provider.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

You may have the right to amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to our statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures of your protected health information that we have made, paper or electronic, except for disclosures which were pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law. You have the right to obtain a paper copy of this Notice, upon request, even if you have previously requested its receipt electronically by e-mail.

**REVISIONS TO THIS NOTICE:**

We reserve the right to revise this Notice and to make the revised Notice effective for protected health information we already have about you as well as any information we receive in the future. You are entitled to a copy of the Notice currently in effect. Any significant changes to this Notice will be posted on our Web site. You then have the right to object or withdraw as provided in this Notice.

**BREACH OF HEALTH INFORMATION:**

We will notify you if a reportable breach of your unsecured protected health information is discovered. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the protected health information involved and contact information for you to ask questions.

**COMPLAINTS:**

Complaints about this Notice or how we handle your protected health information should be directed to our HIPAA Compliance Officer. If you are not satisfied with the manner in which a complaint is handled you may submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

This Notice was originally published and effective on July 1, 2008 and last revised on April 4, 2014.

We are required by law to maintain the privacy of, and provide individuals with, this Notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information. If you have any questions about this Notice, please ask to speak with our HIPAA Compliance Officer.

**Signature below is only acknowledgement that you have received or been given opportunity to receive this Notice of Privacy Practices:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_