

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read it carefully. The privacy of your health information is important to us.

YOUR RIGHTS: When it comes to your health information, you have certain rights. You can ask us to see or get an electronic or paper copy of your medical record and other health information. Correct health information about you that you think is incorrect or incomplete. Contact you in a specific way (for example home or office phone) or to send mail to a different address. You can ask us not to use or share certain health information for treatment, payment or our operations. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. If you have given someone medical power of attorney or if someone is your legal guardian, you can ask us to allow the person to exercise your rights and make choices about your health information. You can ask us not share information for the purpose of payment or our operations with your health insurer, if you pay out of pocket. We will say 'yes' unless a law requires us to share that information. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, DC 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

YOUR CHOICES: For certain health information, you can tell us your choices about what we share. You have the choice to let us know if you have a clear preference for how we share your information. Let us know if you want us to share information with your family, close friends or others involved in your case. Share information in a disaster relief situation. Include your information in a hospital directory. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

OUR USES AND DISCLOSURES: How do we typically use or share your health information? We share your information with other professionals who are treating you. We share to improve your care and contact you when necessary. We share to bill and get payment from health plans or other entities. In certain situations such as: preventing diseases, helping with product recalls, reporting adverse reactions to medication, reporting suspected abuse, neglect or domestic violence and preventing or reducing a serious threat to anyone's health or safety. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner or funeral director when an individual dies. We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law and for special government functions such as military, national security and presidential protective services. We can share health information about you in response to a court or administrative order or in response to a subpoena.

OUR RESPONSIBILITIES: We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE: We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Signature & Date: _____