

YOUR HEALTH INFORMATION PRIVACY PRACTICES

The Federal Health Insurance Portability and Accountability Act (HIPAA) laws are written to protect the confidentiality of your Health Information. The following notice details the policies and procedures that are used to ensure that your Health Information is not shared with anyone who does not require it. It also describes your rights to access and control your Health Information. "Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health services.

We will use and communicate your Health Information only for the purposes of providing treatment, obtaining payment and conducting health care operations. Your Health Information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

How your Health Information may be used:

To Provide Treatment

We will use your Health Information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between your provider, nurses, medical technicians and business office staff. In addition we may share your Health Information with other providers, referring providers, clinical and imaging laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

Your Health Information may be used with an invoice to collect payment for treatment that you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will only work with companies with a similar commitment to the security of your Health Information.

To Conduct Health Care Operations

We may use or disclose, as needed, your Health Information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee performance evaluations, training for medical students, licensing, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk for you to write your name and indicate the nature of your visit. We may call your name in the waiting room when your provider is ready to see you. We may use or disclose your Health Information, as necessary, to contact you to remind you of your appointment.

Disclosure of Your Health Information

We may use or disclose your Health Information in the following situations without your authorization. These situations include:

- **Abuse, neglect, or domestic violence**—Government authorities will be notified only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with your agreement.
- **Public health and national security**—Federal officials or military authorities may require your Health Information to complete an investigation related to public health or to national security. Health Information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

- **For Law Enforcement**—As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limiting circumstances, if you are a victim of a crime or in order to report a crime.
- **Family, Friends and Caregivers**—With your permission, we may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. In an emergency when you are unable to tell us what you want, we will use our best judgment when sharing your Health Information only when it will be important to those participating in providing your care.

Other than stated above, or where Federal, State, or Local law requires us, we will not disclose your Health Information other than with your written authorization. You may revoke that authorization at any time, except to the extent that your provider or the provider's practice has taken an action on the use or disclosure indicated in the authorization.

Your Rights

The following is a statement of your rights with respect to your Health Information:

- **Restrictions**—You have the right to request a restriction of your Health Information. Your request must state the specific part of your Health Information to be restricted and to whom you want the restriction to apply. Your provider is not required to agree to a restriction that you may request, particularly if your provider believes that it is in your best interest to permit use and disclosure of your Health Information.
- **Confidential Communications**—You have the right to request to receive confidential communication from us by alternative means or at an alternative location; for example, through sealed mail, or with no family members present. We will make every effort to honor your reasonable requests for confidential communications.
- **Inspect and Copy Your Health Information**—You have the right to inspect and copy your Health Information, including your complete chart, imaging records and billing records. Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation, or use in, a civil, criminal, or administrative action or proceeding, and Health Information that is subject to law that prohibits access to Health Information. Let us know if you would like a copy of your Health Information. There may be a reasonable fee to duplicate and assemble your copy.
- **Amend Your Health Information**—You have the right to ask us to amend your records if you believe your Health Information records are incorrect or incomplete. We will be happy to accommodate you as long as our office created and maintains this information. Please provide your request in writing and describe your reason for the change. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Documentation of Health Information**—You have the right to ask us for a description of how and where your Health Information was used by our office for any reason other than for treatment, payment or health operations. Please let us know in writing the period for which you are interested. There may be a reasonable fee for your request.
- **Request a Paper Copy of this Notice**—You have the right to obtain a copy of this notice of Health Information Privacy Practices.

We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of the notice and will inform you by mail of any changes.

You have the right to complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. Please let us know of your concerns or complaints in writing. We will not retaliate against you for filing a complaint.

Patient Acknowledgement

Printed name of patient or authorized person: _____

Signature of patient or authorized person: _____ Date: ____/____/____