



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.

The Health Insurance Portability Act of 1996 (HIPAA) protects the confidentiality of medical records and other personal health information. The rule limits the use and release of individually identifiable health information; gives patients the right to access their medical records; restricts most disclosure of health information to the minimum needed for the intended purpose; and establishes safeguards and restrictions regarding disclosure of records for certain public responsibilities, such as public health, research and law enforcement. Improper uses or disclosures under the rule are subject to criminal and civil sanctions prescribed in HIPAA.

Use & Disclosure of PHI (Protected Health Care Information)

We may use or disclose your health care information without authorization for the purpose of coordinating a treatment plan, payment for services, and to evaluate the quality of care that you receive.

We may also disclose your health care information for the purpose of research, public health, auditing, law enforcement, and emergencies. We are required by law to provide medical information that is court ordered and or requested by law enforcement officials.

Any other use and or disclosures not listed above will require your written authorization before disclosing protected health care information. You have the right to revoke such a request in writing and we will honor your request, except under uncontrollable circumstances in which we acted on your initial authorization.

We reserve the right to change our policies at any time. Any significant changes to our policy will be posted immediately in the patient waiting areas and in each examination room. You may also request a copy of our current privacy practices at any time. If you have questions regarding our practices please contact the person listed below.

Individual Rights

You have the right to:

- Request to review and/or copy your health records.
- Request an accounting of disclosure and use of health records.
- Request to amend your health records
- Request restrictions on certain uses and disclosures of protected health care information
- Request restrictions on the manner and method of communicating protected health care information.
- File complaints regarding privacy practices and/or unauthorized disclosure of protected health care information
- Request a copy of the health care organization's privacy practices
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Complaints

If you are concerned that we have violated your privacy rights, and or would like to express a concern regarding our privacy practices, you may report your incident in writing. Please ask for the person listed below for assistance in filing a complaint. You may also send a written complaint to the U.S. Department of Health and Human Services



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The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free 1-877-696-6775

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our practices and to follow the guidelines described in this notice.

If you have questions or concerns, please contact your physician or office manager.