



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. We are required by law to: Maintain the privacy of your protected health information, give you this notice of our duties and privacy practices regarding health information about you, and follow the terms of our notice that is currently in effect.

HOW MAY WE USE AND DISCLOSE YOUR HEALTH INFORMATION:

Except for the following reasons, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to us stating that you wish to revoke permission you previously have given.

Treatment. We may use and disclose health information for your treatment and to provide you with treatment-related health care services. This may include people outside our practice, who are involved in your medical care.

Payment. We may use and disclose health information so that we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received.

Health Care Operations. We may use and disclose health information for health care operation purposes.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose health information to contact you regarding an appointment with our practice. We may use and disclose health information to tell you about treatment alternative or health related benefits and services that may be of interest to you. We will not release your information to a subsidized third party without your permission.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share disclose health information with person(s) involved in your medical care or payment for your medical care, such as a family member or close friend.

As Required by Law. We may use and disclose health information when required to do so by the federal, state or local law.

To Advert a Serious Threat to Health or Safety. We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may help prevent the threat.

Business Associates. We may use and disclose health information to our business associates that perform functions on behalf or provide us with services if the information is necessary for such functions or services. All 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.

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

Military and Veterans. If you are a member of the armed forces, we may disclose health information as required by the military command authorities.

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

Public Health Risks. We may disclose health information for public health activities which generally include disclosures to prevent or control disease, injury or disability; report births and deaths, child abuse or neglect, 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 of contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been a 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 right laws.

Lawsuits. If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may 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 disclose health information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons or 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 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; 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 disclose health information to a coroner, medical examiner or funeral director as necessary.

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

Protective Services for the President 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 states, or to conduct special investigations.

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

YOUR RIGHTS: You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy 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 inspect and copy Health Information, you must make your request, in writing, to our practice.

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 practice. You may request an amendment, in writing, to our practice.

Right to an Accounting of Disclosures. You have a right to request a list of certain disclosures we make of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. Your request must be in writing to our office.

Right to Request Restrictions. You have a right to request a restriction or limitation of 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. To request a restriction, you must make your request in writing to this practice. We are not required to agree to all requests. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication. You have a right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communication, you must make your request in writing to our practice. Your request must specify how or where you wish to be contacted. We accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have a right of paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice please request it in writing.

Right to Electronic Records. You have the right to receive a copy of your electronic health records in electronic form

Right to Breach Notification. You have a right to be notified if there is a Breach of privacy such that your Health Information is disclosed or used improperly or in an unsecured way.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at the practice. The notice will contain the effective date on the first page.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.