

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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. When it comes to your health information, *you have certain rights*.

You can request a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We reserve the right to charge a reasonable, cost-based fee.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. This will likely impact our ability to request payment from insurance, and we will request that you pay for all treatment up front.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any Action.
- We will share information with spouses, and parents of minors in the course of treatment/payment.

Sometimes we are required to share your information to provide the best care and request payment

- We can use your health information and share it with other professionals who are treating you. Example: A specialist requests or sends information about your diagnosis and treatment plan so we can arrange treatment.
- We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental insurance to coordinate payment for your dental work.
- 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.

Other situations we may need to share your information:

Address workers' compensation, law enforcement and other government requests

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
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

There are federal and state laws that may protect or restrict certain types of health information from use or disclosure, such as information regarding HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually-transmitted diseases and reproductive health, and child or adult abuse or neglect.

- 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

We will not use or share your 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.

I have read and understand the above Patients Rights to Privacy information:

Patient Signature: _____ Date: _____

Please specify special requests: