



OUR CLINIC PROTECTS YOUR HEALTH INFORMATION AND PRIVACY

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information for the purposes of treatment, payment and healthcare operations:

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, diagnoses, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third party administrators (e.g. requests for medical records, claim payment information).

Examples of Disclosures for Treatment, Payment and Health Operations:

We may disclose your health information for the following purposes:

1. **Treatment:** We may disclose your health information to a physician or other healthcare provider providing treatment to you, or who will provide services which we do not provide.
2. **Payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
3. **Healthcare operations:** We may use or disclose your health information to provide you with appointment reminders via phone, email or letter.
4. **Notification and communication with family:** We may disclose health information to a family member, or your personal representative or another person responsible for your care about your care, location and general condition. Using our best judgment, we will only disclose health information that is directly relevant to the person's involvement with your care.
5. **Required by law:** We may also use or disclose your health information when we are required to do so by law. This includes preventing or controlling disease, injury or disability, reporting child, elder or dependent adult abuse or neglect, reporting domestic violence, reporting the Food and Drug Administration problems with products or reactions to medications.

Most uses and disclosures that do not fall under treatment, payment, and healthcare operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Your Health Information Rights

You have the right to:

- Restrict the disclosure of your protected health information by written request. The request for restriction may be denied if the information is required to treatment, payment, or healthcare operations.
- Receive confidential communications regarding your protected health information;
- Inspect and copy your protected health information with a written request to our office using the form we provide
- Receive an account of disclosures of your protected health information upon written request; and
- Obtain a paper copy of this Notice of Privacy Practices upon request.

Our Responsibilities

Our office is required to:

- Maintain the privacy of your protected health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice:
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you; and
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change or eliminate provision in our privacy practices and to make the new provisions effective for all protected health information we maintain. You are entitled to receive a revised copy of the Notice by request.