



# Notice of Privacy Practices

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We are required by law to maintain the privacy of protected health information, to protect individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. We reserve the right to adjust our privacy practices at any time as permitted by law. If this notice is significantly changed, we will post the new notice and make copies available at your request. You may also request a copy of this notice at any time. For more information, please contact us.

## How Your Health Information May Be Used and Disclosed

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. Examples of such instances are listed in this document. Some HIV, genetic, alcohol/substance abuse, and mental health records may be entitled to special confidentiality protections under federal law. We abide by these special protections as they apply.

**Treatment:** We may use and disclose your health and treatment information to a referred specialist you have accepted additional treatment from.

**Payment:** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved in your care. This involved billing, collections, claims, and coverage eligibility to obtain payments from you, and insurance company, or another third party.

**Healthcare Operations:** We may use or disclose aspects of your treatment and/or healthcare in connection with optimizing our operations. This includes quality assessment, improvement activities, training, and licensing activities. Your information remains confidential within our team.

### Individuals Involved in Your Care or Payment for Your Care:

We may disclose your health information to your family or friends, or any other individual identified by you, when they are involved in your care or in the payment of your care. We may disclose information about you to a patient representative. If that person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you in respect to your health information.

**Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of the protected health information of an inmate or patient.

**Secretary of HHS:** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Worker's Compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Health Oversight Activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care systems, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may disclose health information about you in response



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to a subpoena, discovery request, or other lawful process instituted.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. We will obtain your written authorization before using or disclosing your PHI for purposes other than those stated in this notice (or otherwise permitted by law).

## Your Health Information Rights

**Access:** You have the right to view or obtain copies of your health information, with limited exceptions. You must make this request in writing by letter to the address listed on the bottom of this page. We may charge you a reasonable cost-based fee for the cost of supplies and labor of copying/postage/etc. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Right to Request a Restriction:** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to our Business Manager. Your written request must include the information you wish to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying our payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of

death. Other scenarios may apply consistent with applicable law.

**Alternative Communication:** You have the right to request communication with us by alternative means or locations. This request must be made in writing and specify the alternative means and/or location, along with a satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate reasonable requests, however we may contact you with the information we have on file if we are unable to contact you via your requested ways.

**Amendment:** You have the right to request amendments to your health information. You must request in writing, and thoroughly explain why existing health information should be amended. If we agree to your request, you will be notified of such. If we deny your request, we will provide you with written explanation of the denial and explain your rights.

**Right to Notification of a Breach:** You will receive notifications of breaches of your unsecured protected health information as required by law.

**Electronic Notice:** You may receive an electronic copy of this privacy notice at any time at your request.

## Questions and / or Concerns

Contact us for more information about our privacy practices or have questions or concerns. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

I understand the above privacy agreement, and agree to the terms and conditions outlined in this document.

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_