

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you consent, the provider is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information I create and obtain in providing services to you. Such information may include documenting your symptoms, examination, test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

YOUR HEALTH INFORMATION RIGHTS:

The health record and billing records I maintain are the physical property of this office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your protected health information by delivering the request in writing to my office. I am not required to grant the request, but I will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at my office.
- Request that you be allowed to inspect and receive a copy of your health record and billing record. You may exercise this right by delivering the request in writing to my office using the form provided to you upon request.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to my office using the form provided to you upon request.
- File a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to my office using the form provided to you upon request. The accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request.
- Request that communication of your health information is made by alternative means or at an alternative location by delivering the request in writing to my office using the form provided to you upon request.
- Revoke any authorizations that you made previously to use or disclose the information except to the extent information or action has already been taken by delivering a written revocation to my office.
- You have the right to review this Notice before signing the consent authorizing the use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

MY RESPONSIBILITIES

The provider is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to my duties and privacy practices as to the information I collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if I cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information to you.

You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services. I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment. I cannot, and will not, retaliate against you for filing a complaint with the Secretary.

NOTIFICATION:

Unless you object, I may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other persons responsible for your care, about your location, about your general condition, or your death.

COMMUNICATION WITH FAMILY: Using my best judgment, I may disclose to a family member, other relatives, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

DISASTER RELIEF:

I may use and disclose your protected health information to assist in disaster relief efforts.

FUNERAL DIRECTORS/CORONERS:

I may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

MARKETING:

I may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits or services that may be of interest to you.

PUBLIC HEALTH:

As required by law, I may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

ABUSE AND NEGLECT:

I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

LAW ENFORCEMENT:

I may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

HEALTH OVERSIGHT:

Federal law allows me to release your protected health information to appropriate health oversight agencies or for health oversight activities.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS:

I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order. To avert a serious threat to health or safety, we may disclose your protected health

information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS:

I may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel

OTHER USES:

Other uses and disclosures in addition to those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke that authorization as previously stated.

By signing below, you indicate that you have read the above Privacy Notice:

Full Legal Name: _____ Date: _____