

HIPAA Notice of Privacy Practices

This notice describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, and for other purposes that are permitted or required by law. It also describes your rights to access and to control your PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health services. Please review this notice carefully.

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to obtain approval for the hospital admission.

We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and other business activities. For example, we will use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your insurance. We will also call you by name in the waiting room when your physician is ready to see you and will use your PHI on occasion to contact you to remind you of an appointment.

We may use or disclose your PHI in the following situation without your authorization. Such as Public Health issues as required by law, communicable disease issues, health oversight, such as, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors, and organ donation, also research, criminal activity, military activity, national security, and workers' compensation. We may make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. **You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the practice has taken an action in reliance on the use or disclosure indication in the authorization.

Your rights: You have the right to inspect and copy your PHI. However, under federal law you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes stated above. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI it will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to receive confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice. If you believe your privacy rights have been violated by us, or have any objections to this form you may file a complaint by notifying our Compliance Officer in writing or in person at this office.