

HIPAA notice of privacy practices

We are dedicated to maintaining the privacy of your identifiable health information. Under federal law, patient health information is protected and confidential. This Notice describes how medical information about you may be used and disclosed and how you may obtain access to this information.

Uses and disclosures of protected health information

Your protected health information (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 healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice and any other use required by law.

Treatment: We may use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. We may disclose your PHI to other health care providers who are participating in your treatment and to authorized family members who are helping with your care.

Payment: We will use and disclose your PHI, as needed, to obtain payment for your healthcare services. For example, obtaining approval for a procedure, a diagnostic test, a hospital stay, etc., may require that your relevant PHI be disclosed to the health plan. We will also submit bills and maintain records of payments from your health plan.

Healthcare operations: We will use and disclose your PHI, as needed, in order to support the business operations of your physician's practice. These operations include but are not limited to, proper administration of records, evaluation of the quality of care and outcomes of your case and similar cases, employee reviews and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may call you by name in the waiting room when your physician is ready to see you. We may also use or disclose your PHI, as necessary, to contact you to remind you of your appointment, and to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may disclose your PHI in certain situations without your authorization. These situations include: situations required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law

enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, worker's compensation, inmates, and other required uses and disclosures

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are prohibited to use or disclose your PHI for marketing purposes. We may not sell your PHI without your authorization.

Your rights

You have the right to inspect and copy your protected health information. In most cases you have the right to inspect or copy your PHI. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, PHI restricted by law, information that is related to medical research in which you have agreed to participate, information the disclosure of which may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information. You have the right to restrict disclosures of your health information to your health planner payment and healthcare operations purposes, but not for treatment, if the disclosure pertains to a healthcare item or service for which you paid out-of-pocket in full. 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. Your request must state the specific restriction requested and to whom you want it to apply. Your physician is not required to agree to your required restriction.

You have the right to request to receive confidential communication. You have the right to request to receive communication from us by alternative means or at an alternative location.

You have the right to request an amendment to your protected health information. If you believe that information in your record is incorrect, or

important information is missing, you have the right to request that we correct the existing information or add the missing information. Amendment requests must be made in writing.

You have the right to receive an accounting of certain disclosures. You may request a list of instances when we have disclosed health information about you for reasons other than treatment, payment or healthcare operations.

You have the right to receive notice of a breach. We will notify you if your unsecured PHI has been breached.