



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This practice is required, by law, to maintain the privacy and confidentiality of your **Protected Health Information** and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Information

We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization

- Treatment information, so that medical bills can be processed and/or x-rays, lab work, or other medical tests can be performed.
- Payment information, so that deduction information is available to your primary insurance carrier and secondary insurance companies will process claims.
- Health care operations.
- When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners, or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences.
- To contact you about appointment reminders and other health benefits or services.
- To the sponsor of your health plan.
- All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

Your Rights: You have the following rights concerning your PHI:

Restrictions: To request restricted access to all or part of your PHI. To do this, we require you to present to us in writing exactly what it is you would want restricted and why. We are not required to grant your request.

Confidential Communications: To receive correspondence of confidential information by alternate means of location. To do this, we require you to present to us with the alternative means or location in writing and what information you wish to receive there.

Access: To inspect or receive copies of your protected health information. To do this, we require you to present to us in writing that request and to give the office reasonable time to provide this service. There may be a fee associated with this request.

Amendments: To request changes be made to your PHI. To do this, we require you to present to us in writing. We are not required to grant your request.

Accounting: To receive an accounting of the disclosures by us of your PHI in the past six years. To do this, we require you to present to us in writing and reasonable time given to complete this service. There may be a fee associated with this request.

This notice: To get updates of or reissue this notice, at your request.

Complaints: To complain to us or the US Dept of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us please do so in writing to the office, our privacy officer will personally handle your complaint. The law forbids us from taking retaliatory action against you if you complain.

Our Duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Effective Date: this Notice is effective September 1, 2009.