



HIPAA 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 Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. 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 condition and related health care services. When it comes to your health information, you have rights.

- You can get an electronic or paper copy of your medical record. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may decline your request, but the reason will be provided within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline if it would affect your care.
- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal representative, he/she can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- You may complain to us by notifying our compliance officer or file a complaint with the U.S. Department of Health and Human Services Office by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.
- For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to: share information with your family, close friends, or others involved in your care, share information in a disaster relief situation, include your information in a hospital directory. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Responsibilities

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We can use your health information to treat you and share it with other professionals who are treating you.
- We can use and share your health information to run our practice, improve your care, contact you when necessary, to bill and get payment from health plans or other entities.
- We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to health or safety, do research, respond to lawsuits and legal actions, for workers compensation claims, law enforcement purposes or with a law enforcement official, health oversight agencies for activities authorized by law, special government functions.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can share health information about a patient with organ procurement organizations, a coroner, medical examiner, or funeral director upon death.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. We are required by law to maintain the privacy of notice and provide individuals with this notice. We are also required to abide by the terms of the notice currently in effect.

Patient/ Legal Representative: _____

Signature of Patient or Legal representative: _____

Date: _____