



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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form electronically, on paper, or orally are kept properly confidential.

As required by (HIPAA), we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: Treatment, Payment, and Health Care Operations.

¶ **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers, Such as a physical exam.

¶ **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review, Such as sending a bill to your insurance company for payment.

¶ **Health care operations** include the business aspects of running our practice, such as conduction quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service, Such as internal assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Any other used and disclosures will be made only with written authorization in writing and we are required to honor and abide by that written request except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- ⊗ **the right** to request restrictions on certain used and disclosures of protected health information.
- ⊗ **the right** to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- ⊗ **the right** to inspect and copy your protected health information
- ⊗ **the right** to amend your protected health information.
- ⊗ **the right** to receive an accounting of disclosures of protected health information.
- ⊗ **the right** to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. If you feel your privacy protections have been violated, you have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights at (1-877-696-6775) about violations of the provisions of this notice or the policies and procedures of our office.

We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain.