

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We are required to abide by the terms of this Notice of Privacy Practices. This Notice will take effect on 01/01/2018, and will remain in effect until it is amended or replaced by us.

We reserve the right to change our privacy practices, provided law permits the changes. You may request a copy of our Privacy Notice by asking our staff in person or contacting our office.

We will keep your protected health information (PHI) confidential, using it only for the following purposes:

Treatment: We may share your PHI, including electronic protected health information (ePHI), with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment.

Payment: We may use and disclose your PHI to seek payment for services we provide to you. This disclosure involves our office staff and may include insurance organizations, collections, or other third parties that may be responsible for such costs.

Health Care Operations: We will use and disclose your PHI to keep our practice operable. Examples of personnel who may have access to this information may include, our staff, insurance operations, clearinghouses and individuals performing similar activities.

Appointment Reminders, Treatment Alternatives and Services: We may use your health records to remind you of recommended services, treatment alternatives or scheduled appointments.

Emergencies: We may share your PHI to notify, or assist in the notification, of a family member or anyone responsible for your care, in case of an emergency involving your care, your location or your general condition. When possible, we will provide you with an opportunity to object to this disclosure, however, in an emergency, or if you are incapacitated, we will use our professional judgement to disclose only information that is directly relevant to your care. We will also use our professional judgment to allow someone to pick up prescriptions, other health information or supplies on your behalf, unless you have advised us otherwise.

Marketing: We will not use your PHI for marketing purposes unless we have your written authorization to do so.

Required by Law: We will disclose your PHI when required to do so by law. Some examples include: court or administrative orders, subpoena, requests by national security, intelligence or other State or Federal officials, or other lawful purposes.

Your rights regarding your PHI:

You have the right to inspect and copy your PHI or ePHI, to amend your PHI if you feel something is incorrect or incomplete, to request an accounting disclosure, to request restrictions regarding your PHI, to request confidential communications, to receive a paper copy of this Notice, and to receive notice if there is a breach of privacy or if your PHI is used improperly.

Complaints:

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. All complaints must be submitted in writing. You may also file a complaint to the Department of Health and Human Services. You will not be penalized for filing a complaint.

Name of Patient (Please Print)

Signature of Patient or Guardian

Date