

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed under the Health Insurance Portability and Accountability Act (HIPAA), and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

You have the right to:

- 1) **Get a copy of your medical record (ask us how to do this):**
 - a) You can ask to see or get a copy of your medical record and other health information we have about you.
 - b) We will provide a copy, or a summary of your health information, usually within 30 days of your request.
- 2) **Correct your paper or electronic medical record (ask us how to do this):**
 - a) You can ask us to correct health information about you that you think is incorrect or incomplete.
 - b) We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- 3) **Limit the information we share:**
 - a) You can ask us not to use or share certain health information for treatment or for our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- 4) **Get a list of those with whom we’ve shared your information:**
 - a) You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask (who we shared it with and why).
 - b) We will include all the disclosures, except for those about treatment, healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide you one list a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 5) **Choose someone to act for you:**
 - a) If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - b) We will make sure the person has this authority and can act for you before we take any action.
- 6) **File a complaint if you believe your privacy rights have been violated:**
 - a) You can complain if you feel we have violated your rights by contacting us.
 - b) You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue SW, Washington DC 20201, calling: 1-877-696-6775, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - c) We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information with your family, close friends, or others involved in your care, tell us what you want us to do and we will follow your instructions.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never share your information unless you give us written permission for marketing purposes.

In the case of fundraising we may contact you for fundraising efforts, but you can tell us not to contact you again.



OUR USES AND DISCLOSURES

How do we typically use or share your health information?

- **To treat you:** We use your health information and share it with other professionals who are treating you.
- **To run our organization:** We use and share your health information to run our practice and contact you, when necessary.

We are allowed, or required, to share your information in other ways -usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

- **Help with public health and safety issues:** We can share health information about you for certain situations, such as:
 1. Preventing disease.
 2. Helping with product recalls.
 3. Reporting adverse reactions to medications.
 4. Reporting suspected abuse, neglect, or domestic violence.
 5. Preventing or reducing a serious threat to anyone's health or safety.
- **Comply with the law.** 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.
- **Address worker's compensation, law enforcement and other government requests. We can use or share information about you for:**
 1. Worker's compensation claims.
 2. Law enforcement purposes, or with a law enforcement official.
 3. Health oversight agencies for activities authorized by law.
 4. Special government functions, such as military, national security, and presidential protective services.
- **Responding to lawsuits and legal actions: court administrative order or subpoena.**

OUR RESPONSIBILITIES

- 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 must follow the duties and privacy practices described in this notice, and give you a copy if requested.
- We will not use or share your information other than as described here unless you tell us in writing. If you tell us we can, you may change your mind at any time. You are required to tell us in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of the 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.

