

## 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 describes how we may use and disclose your protected health information ("PHI") to carry out treatment, payment of health care operations ("TPO") and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. 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 or condition and related health care services.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### Uses and Disclosures and Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment, for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the medical practice, and any other use not prohibited by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, and/or manage your health care and related services. This might include, for example, providing information to the physician who may have referred you to your practice, or to a similar facility that provides care for you.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, your relevant PHI may be disclosed to your health plan so that payment can be made to our office.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of new employees, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to new employees, may use a sign-in sheet at the front desk where will ask you to write your name and the name of the practitioner that you will be seeing. We may also call you by name, in the waiting room, when your practitioner is ready to see you. You may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public Health Issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Inmates: Required Uses and Disclosures: Under the Law, we must make disclosure to you and when required by the secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Your rights**

Following is a statement of your rights with the respect to your Protected Health Information.

**You have the right to inspect and request a copy your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or other people who may be involved in your care or for modification purposes as described in this notice or privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your practitioner is not required to agree to a restriction that you may request. If a practitioner believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

You have a right to obtain a paper copy of this notice from us, upon request.

**You may have the right to have your practitioner amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice.

#### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy compliance officer of your complaint. **We will not retaliate against you for filing a complaint.**

This notice is revised and effective as of August 1, 2011.