



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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Without specific authorization, we are permitted to use and disclose your health information for treatment, payment, and health-care operations. For example:

Treatment: Means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.

Payment: We may use and disclose health information to obtain payment for services we provide to you. For example, we disclose treatment information when billing an insurance plan for your services at our Center.

Healthcare Operations: We may use and disclose health information in connection with the business aspects of our practice. For example, patient information may be used for training purposes, or quality assessment.

YOUR FAMILY AND FRIENDS

Unless you request otherwise, we may use or disclose health information to a family member, friend or other personal representative to the extent necessary to help with your healthcare or with payment for your healthcare.

APPOINTMENT REMINDERS

We may use or disclose your confidential information to remind you of appointments by sending postcards or letters, and leaving messages at home or at work.

PERSONS INVOLVED IN CARE

In the event of emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up supplements, remedies, prescriptions, medical supplies, x-rays, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES

We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW

We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other

crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

PATIENT RIGHTS

You have certain rights regarding your protected health information:

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions.

You may obtain a form to request access by using the contact information listed on the front of this notice, or by sending us a letter. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.

If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us for an explanation of our fee structure.

- **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or as required by law).

- **Alternative Communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. {You must make your request in writing.}

- **Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.



Notice of Privacy Practices

We care about our patients' privacy and strive to protect the confidentiality of personal medical information.

New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice Of Privacy Practices currently in effect.

We reserve the right to change the terms of our Notice of Privacy Practices. The Revisions to our Notice of Privacy Practices will be posted on the effective date and copies will be available in our office.

Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose.

If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

QUESTIONS

If you want more information about our privacy practices or have questions or concerns, please contact us.

COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed on the front of this Notice.

You also may submit a written complaint to:

U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue SW
Washington DC 20201

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.