



NOTICE OF PRIVACY PRACTICES

WE CARE ABOUT YOUR PRIVACY

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The privacy of your medical records is important to us. We understand that your medical records are personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also disclose your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

LAW REQUIRES US TO:

- *Keep your medical information private*
- *Post and have available to you this notice describing our legal duties, privacy practices, and your rights regarding your medical information*
- *Follow the terms of the notice that is now in effect*

WE HAVE THE RIGHT TO:

- *Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law*
- *Make the changes in our privacy practice and the new terms of our notice effective for all medical information that we keep, including all medical information previously created or received before the changes*

NOTICE TO CHANGE OF PRIVACY PRACTICES:

- *Before we make an important change in our privacy practices, we will change the notice and make the new notice available upon request*

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

This is how we will use and disclose medical information. Note: We will not use or disclose your medical information for any purposes not listed below, without your specific written authorization. Any specific written authorization that you provide may be revoked at any time in writing to us.

FOR TREATMENT:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share your medical information with other health care providers to assist them in treating you.

Example: *You are in the hospital with a broken leg. You also have diabetes. A number of health care professionals and support staff need to know about your diabetes during your stay:*

- *The doctor treating you needs to know about your diabetes because this may slow the healing process.*
- *The dietician needs to know about your diabetes to arrange for proper meals.*
- *The pharmacy may need to know about possible medications that you may need to take as a diabetic.*
- *The information about your diabetes may help in diagnostics, testing, and x-ray work.*

FOR PAYMENT:

We may use and disclose your medical information for payment purposes.

Example: *You are treated in the hospital for a broken leg:*

- *We may need to give your health insurance plan information regarding the care you received in our office as it relates to your hospital stay so that your health plan may pay us for our services.*
- *We may also tell your health carrier about treatment you are going to receive in order to get approval for your care.*

FOR HEALTH OPERATIONS:

We may disclose your medical information for our health care operations. This may include measuring and improving quality, evaluating the performance of employees, training programs, and getting the accreditation, certificates, and licenses we need to serve you.

ADDITIONAL USES AND DISCLOSURES:

In addition for using your medical information for treatment, payment, and health care operations, we may use and disclose your information for the following purposes:

Notification:

Medical information to notify, or help notify; a family member; your personal representative; another person responsible for your care.

We will share information about your location, general condition, or death. If you are present we will get your permission if possible before we share any information, or give you the opportunity to refuse permission. In case of emergency, if you are not able to give or refuse permission, we will share the health information that is only directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest, about allowing someone to pick up medicine, medical supplies, x-rays, or other medical information about you.

Disaster Relief:

Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Funeral Director, Coroner, Medical Examiner:

We may share the medical information about a person who has died with, a funeral director, coroner, medical examiner, or an organ donation facility to help them carry out their duties.

Specialized Government Functions:

Subject to certain requirements, we may use or disclose or use health information, for military personnel or veterans for national security or intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions, and law enforcement custodial situations, and for government programs providing public benefits.

Court Orders & Judicial & Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances. Under certain circumstances such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official regarding a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate, or other person in lawful custody with a law enforcement official or correctional institute.

Public Health Activities:

As required by law, we may disclose your medical information to public health or legal authorities, charged with controlling disease, injury, or disability including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purpose of reporting, adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products or to conduct activities as required by the FDA. We may also, when we are authorized by law to do so, notify a person when they are exposed to a communicable disease, or may otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may disclose medical information to the appropriate authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health and safety or the health and safety of others. We may share medical information when necessary to help law enforcement officials to capture a person who is suspected of being part of a crime, or has escaped from legal custody.

Workers' Compensation:

We may share health information when authorized and necessary, to comply with laws regarding workman's compensation or other similar programs.

Health Oversight Activities:

We may provide medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil administration, or criminal investigation proceedings, inspections, licensure, disciplinary actions, or other authorized activities.

Law Enforcement:

Under certain circumstances, we may provide health information to law enforcement officials. These circumstances include reporting required by certain laws, (such as reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crime at the request of law enforcement official, reporting death, a crime on our premises, and crimes in emergencies.

YOUR INDIVIDUAL RIGHTS

YOU HAVE A RIGHT TO:

- *Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. There may be charges for copying or for postage should you wish your information mailed to you. Ask the receptionist about our fee structure.*
- *Request a list of all the times, we or our business associates shared your medical information for purposes other than treatment, payment, health care operations, and other specified exceptions.*
- *Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, (except in the case of an emergency).*
- *Request that we communicate with you about your medical information, by different means, or to different locations. Your request that we communicate your medical information by different means, or to a different location, must be made in writing to our Privacy Officer.*
- *Request that we change your medical information. We may deny your request if we did not create your information or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change your information, we will make reasonable attempts to tell others, including people you name, or the change, and to include the change in any future sharing of information.*
- *If you wish to receive a paper copy of this privacy notice, then you have a right to obtain a paper copy by making a written request to our Privacy Officer.*

QUESTIONS & COMPLAINTS

If you have any questions about this notice, please ask the receptionist for assistance or ask to speak with the Privacy Officer.

If you think that we have violated your rights, contact our Privacy Officer. You may ask our receptionist or Privacy Officer for an official complaint form if you wish to file a grievance regarding our privacy practices or compliance thereof. All grievances regarding our Privacy Policies and Procedures will be responded to in writing within five working days. You may also file a complaint with the U.S. Department of Health and Human Services.

**These privacy policies are in effect and will remain in effect until further notice.*