



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 carefully.

How We May Use And Disclose Medical Information About You

For treatment. We may use medical information about you to provide you with medical treatment or services.

For payment. We may find it necessary to bill you or your insurance company for services rendered in our practice. We may have to provide detailed information such as name, address, and services dates and codes identifying your diagnosis and treatment.

Other Uses Or Disclosures That Can Be Made Without Your Consent Or Authorization

- During the event of investigations with law enforcement agencies
- To avert a serious threat to public health and safety
- As required by military command authorities for their medical records
- To workers compensation or similar programs for processing of claims
- To a coroner or medical examiner for identification of a body
- Other covered entities' healthcare operations activities (as permitted by HIPPA)
- Uses and disclosures in domestic violence or neglect situations
- As required by the FDA
- In response to a legal proceeding
- Health oversight activities
- Uses and disclosures required by law
- To a correctional institution or law enforcement

Note: any other uses and disclosure of medical information not covered by this notice or the laws that apply will be made only with your authorization.

Your Individual Rights

Right To Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree with your request. If we do agree, we will comply unless the information is needed to provide you with emergency treatment.

Right To An Account Of Non-Standard Disclosures. You have the right to request a list of the disclosures we made of medical information about you. This request can only be provided for a period of six years after to the date of your last visit.

Right To Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You must make the request in writing and you must provide a reason that supports your request. We may deny your request if the information was not created by us, is not part of the information kept at this practice or which we deem to be inaccurate or incomplete.

Right To Inspect And Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This does not include information compiled for use in a civil, criminal or administrative proceeding or protected health information to which access is prohibited by law.

Right To A Paper Copy Of This Notice. You have the right to request a paper copy of our current Notice of Privacy Practices at any time.

Right To Request Confidential Communications. You have the right to request how we should send communications to you about medical matters, and where you would like communications sent. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Complaint. If you believe your privacy rights have been violated, you may file a complaint at this office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Changes To This Notice. We reserve the right to change this Notice. We reserve the right to make the revised Notice effective immediately and for medical information we already have about you.

I have read the above Notice of Privacy Practices which describes in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties. The practice reserves the right to change the terms of its Notice of Privacy Practices and make new provisions effective for all protected health information it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

Signature		Date	
Relationship to Patient if Dependent			