

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 applies to all of the records of your care generated by this practice. This notice describes information about the privacy practices followed by all our office personnel.

We are providing this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and goods we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

- make sure that the protected health information about you is kept private;
- provide you with a Notice of our Privacy Practices
- follow the conditions of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR HEALTH WITHOUT YOUR AUTHORIZATION

Medical Treatment We may use health information about you to provide you with medical treatment or services. Therefore we may disclose medical information about you to doctors, nurses, technicians, or hospital personnel who are involved in your care. We may also discuss your health information with another doctor to assist in determining the most appropriate care for you. The practice may need to share information about you to others not working in our office, such as phoning in medical prescriptions to your pharmacy, optical prescriptions to your optician, scheduling lab work and radiological services and scheduling surgical procedures. We also may disclose medical information about you to people outside the practice who may be involved in your medical care after you leave this practice; this may include your family members, or other personal representatives authorized by you or your legal guardian.

Payment We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. We may need to give your health care information about your treatment to obtain payment or reimbursement for the care received. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations We may disclose medical information about you so that our practice can be run more efficiently and make sure that all patients receive quality care. We may use or disclose information for internal and external utilization review or quality assurance. We shall endeavor at all times to advise any external business associates of their continued obligation to maintain the privacy of your medical records.

Appointment and Patient Recall Reminders We may ask that you sign in writing at the front desk a "Sign In" log on the day of your appointment with this practice. We reserve the right to call you by name while in a waiting room with other patients present, to verify information or to escort you to an examination room. We may contact you as a reminder that you have an upcoming appointment with this practice or to change an existing appointment, if necessary.

Emergency Situations We may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

Research We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask for your permission if a researcher will have access to your name, address or other information that reveals personal information.

Required By Law We will disclose medical information about you when required to do so by federal, state or local law.

Organ and Tissue Donation If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Military, Veterans, National Security and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks Law or public policy may require us to disclose medical information about you for public health activities. These reasons may include to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement We may release medical information if asked to do so by law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

Inmates If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release medical information about you to a correctional institution or law enforcement official.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if you are given opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information if we can infer from the circumstance, based on our professional judgment, that you would not object. Such as bringing your spouse, family member or friend into the examination room during treatment or while treatment is being discussed.

OTHER USES OF MEDICAL INFORMATION

Other uses of your medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses mentioned previously. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the office with the effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint to our office manager or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing and all complaints shall be investigated, without repercussion to you.

PATIENT RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to Inspect And Copy You have the right to inspect and have your medical record copied. Upon proof of an appropriate legal relationship, records of others related to you or under your care may also be disclosed. To inspect and copy your records, you must submit your request in writing to our office manager. We reserve the right to charge a fee for the copying of these records.

Right to Amend If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information. This request for an amendment must be submitted in writing. We may deny your request for an amendment to be added to the medical record if reasons are not given to support the request.