

Notice of Privacy Practices for Protected Health Information (Condensed Version)

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.

This office is required by a federal regulation, known as the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. The health information about you is documented in a medical record and on a computer. Such information may include documenting your symptoms, medical history, examination and test results, diagnosis, treatment and applying for future care or treatment. It also includes billing documents for those services.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Notification/Communication of or with family/friends
Employers/Worker's Compensation
Organ Procurement Organizations
Food and Drug Administration (FDA)
Abuse, Neglect and Domestic Violence
Law Enforcement
Health Oversight/Serious Threat
Research

Public Health/Disaster Relief
Coroners, Medical Examiners, Funeral Directors
Appt Reminders, Marketing & Treatment Alternatives
Sign In Sheet
Inmates
Judicial/Administrative Proceedings
For Specialized Governmental Functions
Fund Raising

The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you.

YOU HAVE THE FOLLOWING RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN ABOUT YOU

Right to Inspect and Copy
Right to an Accounting of Disclosure
Right to Request Confidential Communications
Right to Appeal Denials or File Statement of Disagreement

Right to Amend
Right to Request Restrictions
Right to Revoke Authorizations
Right to a Paper Copy of this Notice

OUR RESPONSIBILITIES

This office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, want to report a problem regarding the handling of your information or if you believe your privacy rights have been violated and wish to file a written complaint with our office, please contact this office and ask to speak with the Privacy Officer. You may also file a complaint by mailing it or E-mailing it to the Secretary of Health and Human Services.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.