**Patient Privacy**

**IMPORTANT NOTICE**

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. The privacy of your medical information is important to us.

**Our Legal Duty**

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

**Uses and Disclosures of Protected Health Information**

We will use and disclose your protected health information for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment**

We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you.

In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations**

We may use or disclose, as needed, your protected health information in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by telephone or mail to remind you of your appointment.

**Uses and Disclosures Based On Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your protected 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.

**Other Uses and Disclosures**

**Others Involved in Your Health Care**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

**Marketing**

We may use your protected health information to contact you with information about treatment alternatives that may be of interest to you. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information.

**Research; Death; Organ Donation**

We may use or disclose your protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes.

**Public Health and Safety**

We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs.

**Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

**Abuse or Neglect**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence.

**Law Enforcement and Legal Proceedings**

We may disclose your protected health information when required by law, such as in response to a court order, subpoena, or for law enforcement purposes under specific circumstances.

**Patient Rights**

**Access**

You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing. If you request copies, we will charge you $25.00 for each page or $10.00 per hour to locate and copy your protected health information, and postage if you want the copies mailed to you.

**Accounting of Disclosures**

You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, and health care operations.

**Restriction Requests**

You have the right to request that we place additional restrictions on our use or disclosure of your protected 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).

**Confidential Communication**

You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location.

**Amendment**

You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended.

**Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a complaint with us or with the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your protected 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.