



Notice of Privacy Practices

1) Your Rights

- a) You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- b) You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- c) You can ask us to contact you in a specific way or to send mail to a different address and we’ll comply with all reasonable requests.
- d) You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- e) If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- f) You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for a 2nd in 12 months.
- g) You can ask for paper copy of this notice. It will be provided promptly, even if you have agreed to receive the notice electronically.
- h) If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has authority before we take any action.
- i) You can complain if you feel we have violated your rights by contacting us using the information below. You can file a complaint with US Dept. of Health & Human Services Office for Civil Rights by letter: 200 Independence Ave. S.W., Washington, D.C. 20201, by phone 1-877-696-6775 or by web www.hhs.gov/ocr/privacy/hipaa/complaints and we will not retaliate against you.

2) Your Choices

- a) For certain health information, you can tell us your choices about we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
- b) In these cases you have both the right and choice to tell us to: (If you are not able to tell us your preference we may share your information if we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.)
 - i) Share information with your family, close friends, or others involved in your care
 - ii) Share information in a disaster relief situation
- c) In these cases we never share your information unless you give us written permission:
 - i) Marketing
 - ii) Sale of your information

3) Our Uses and Disclosures – How can we use or share your health information.

- a) We can use your health information and share it with other professionals who are treating you.
- b) We can use and share your health information to run our practice, improve your care and contact you when necessary.
- c) We can use and share your health information to bill and get payment from health plans or other entities.
- d) We can share your health information about your these certain situations:
 - i) Preventing disease
 - ii) Helping with product recalls
 - iii) Reporting adverse reactions to medications
 - iv) Reporting suspected abuse, neglect, or domestic violence
 - v) Preventing or reducing a serious threat to anyone’s health or safety
- e) We can use or share your information for health research.
- f) We will share information about you with Dept. of Health & Human Services in order to check our compliance with privacy laws.
- g) We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- h) We can use or share health information about you:
 - i) For worker’s compensation claims.
 - ii) For law enforcement purposes or with a law enforcement official.
 - iii) With health oversight agencies for activities authorized by law.
 - iv) For special government functions such as military, national security, and presidential protective services.
- i) We can share health information about you in response to a court or administrative order, or in response to a subpoena.

4) Our Responsibilities

- a) We are required by law to maintain the privacy and security of your protected health information.
- b) We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- c) We must follow the duties and privacy practices described in this notice and give you a copy of it.
- d) We will not use or share your information other than described here unless you tell us we can in writing at any time. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website (above).

I have read and understand the Rights, Choices, Disclosures, and Responsibilities that are stated in this form (ver. 5/2014):

Signature of Patient or Guardian: _____ Date: _____