

# 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.

The physician and staff of this practice will comply with the new national privacy standards to protect the rights of privacy of our patients and in the handling of our patients'

health information. In the course of providing care to you, we create a record of the care and services you have received from us. We understand that medical information about you is personal. We are committed to protecting that information. This notice applies to your medical record and the way we handle the information therein.

## How Your information Will Be Used

**For treatment:** We may disclose your information in managing your health care treatment by sharing your personal health information with other physicians, hospitals, and therapists. As our patient, you will be contacted regarding appointments, test results, and treatment options. During the course of treatment, some of your information may be shared with product manufactures as part of research and studies being conducted for product safety or efficiency.

**For payment:** Some aspects of your personal health information such as name, address, and social security number will be used for billing purposes. This information will be shared with our billing entity, health insurance carriers and may be shared with our collection agencies and/or attorneys. During this process we may contact you by mail or phone with regard to insurance benefits, account payment and possible collection activities.

**For Operations:** In the course of both treatment and billing, your personal health will be used within our

organization. It may be used in the review of quality care initiatives, insurance audits, liability management, accounting processes, and other operational functions. With your cooperation, we may disclose your information to family or others involved in your care or payment activities.

**For Marketing:** We may ask to use your photos (unnamed) in the course of business activities promoting our services, such as seminars. We may use your information in the context of patient care surveys, service and product announcements, and cooperative community service fund raising. This may be accomplished by phone or mail.

**As Permitted or Required by Law:** We may disclose your information to regulatory agencies, such as during licensure and certifications, audits, or other proceedings; for administrative or judicial proceedings; to public health officials and child/family service agencies; or to law enforcement authorities, such as to comply with a court order or subpoena.

## **The Rights of privacy of our patients are as follows.**

**The right to access personal health information.** You may request to view your records and obtain a copy. We have a procedure for handling your request in a timely manner, which is required to be within 30 days, and there may be a fee to cover the cost of copying and mailing the record to you.

**The right to request restrictions on certain uses and disclosures of your health information.** We will comply with your request as best we can but we are not required to agree with the requested restriction.

**The right to confidential communications during the use and disclosure of your health information.**

**The right to request amendments to the information in your medical record.** We have a procedure for handling your request. We may deny your request if you do not follow our procedure, if your request does not include a reason to support it or under a few other specific conditions.

### **Complaints**

If you believe your privacy rights have been violated, you have the right to file a complaint with us or the federal government. You will not be penalized for filing a complaint. You may request a Complaint Form from our staff to submit in writing.

### **Changes to this Notice**

We reserve the right to change the terms of this notice at any time to comply with changes in the Health Information Portability Accountability Act (HIPPA). We will provide you a copy of the revised notice at our next contact with you after the revision date.

Finally, we will not disclose your personal health information for any other purpose than that described above without your permission. You may revoke an authorization to use or disclose your personal information, except to the extent that action has already been taken. Such a request must be made in writing.

If you have any questions about this notice, you may contact our Privacy Officer.

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