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.

**Our Obligations**

We are required by law to: Maintain the privacy of protected health information, Give you the notice of your legal duties and privacy practices regarding health information about you and Follow the terms of our notice that is currently in effect.

**How We May Use and Disclose Health Information**

Described as follows are the ways we may use and disclose health information that identifies you (“Health Information”).

**Treatment**. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services.

**Payment**. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for treatment and services you receive.

**Health Care Operations**. We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care to operate and manage our office.

**Individuals Involved in Your Care or Payment for Your Care**. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research**. Under certain circumstances, we may use and disclose Health Information for research.

**Special Situations**

As required by law. We will disclose Health Information when required to do so by international, federal, state, or local law.

**To Avert a Serious Threat to Health of Safety. We will disclose Health Information when necessary to prevent a serious threat to your health and safety or the public, or another person. Disclosure, however, will be made only to someone who may be able to help provide treatment.**

**Business Associates**. We may disclose Health Information to our business associates that perform functions on our behalf or to provide us with services if the information is necessary for such functions or services.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

**Military and Veterans**, If you are or were a member of the armed forces, we may release PHI about you to military command authorities as authorized or required by law.

**Workerʼs Compensation**. We may release Health Information for workerʼs compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks**. We may use or disclose your PHI when we are required to do so by law, for public health reasons, including, but not limited to: Reporting certain communicable diseases to health officials, Reporting child abuse or neglect and Reporting elder abuse, neglect or exploitation.

**Health Oversight Activities**. We may disclose Health Information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**. We may disclose PHI in response to judicial proceedings and law enforcement inquiries as permitted by law. We may also disclose PHI in response to a subpoena, discovery request, warrant, summons or other lawful process.

**Law Enforcement**. We may release Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of crime even if, under certain circumstances, we are unable to obtain the personʼs agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises and; 6)in an emergency to report a crime to the location of the crime if victims, or the identity, description, or location of the person who committed the crime.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

**Inmates or Individuals in Custody.** Under certain circumstances we may disclose PHI relating to inmates or patients to correctional institutions or law enforcement personnel having lawful custody of those individuals.

**Your Rights**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy**. You have the right to inspect and copy Health Information that we may used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office.

**Right to an Accounting of Disclosures**. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operation.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You must ask us to give you a copy of this notice at any time.

**Changes to This Notice**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a current copy of our notice at our office. The notice will contain the effective date on the first page, in the top right hand corner.

**Complaints**

If you believe your privacy has been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.

By Subscribing my name below, I acknowledge receipt of a copy of this notice, and my understanding and my agreement to its terms.

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Patient Signature Date