

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 Health Insurance Portability & accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation on how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical information for the following purposes: treatment, payment and healthcare operations.

Treatment means providing, coordinating or managing health care and related services by one or more health care providers, such as a physical examination.

Payment means obtaining reimbursement for services, confirming coverage, billing, and collection or utilization review, such as sending a bill to your insurance company for payment.

Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improving activities, auditing functions, cost-management analysis, and customer service, such as an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to all individually identifiable health information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization.

You have the following rights, which you can exercise by presenting a written request to the privacy officer.

1. The right to request restrictions on certain uses and disclosures of your health information, including those related to disclosures to family members, other relatives, close personal friends, or any person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
2. The right to a reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
3. The right to inspect and copy your health information.
4. The right to amend your health information.
5. The right to receive an accounting of disclosures of protected health information.
6. The right to receive a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with the notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 15, 2003 and we are required to abide by the terms of the Notice of Privacy currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing your complaint.

For more information about HIPAA
Or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775