

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care options, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relate to your past, present and future physical or mental health or condition, and related health services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by your physician, office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other uses required by the law.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party (ex: home health agency, physician that we refer to, etc.).

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health care plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but not limited to, quality assessment activities, employee review activities, training of medical students, licensing, conducting or arranging for other business activities. (ex, we may disclose your information to medical students who are in-training and see patients at our office) . In addition, we may use a sign-in sheet at the registration desk where you will be asked to fill out your name, address, phone number and insurance information. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

*We may use or disclose your protected health information in the following situations without our authorization as follows: Required by law: Public Health issues, Communicable diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration, Legal proceedings, Law enforcement, Coroners, Funeral directors and Organ donation. Research: Criminal activity, Military activity, National security, worker's compensation and Inmates. Required Uses and Disclosures: Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

*Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or practice has taken an action in reliance on the use or disclosure indicated in the authorization.

*You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and PHI that is subject to law that prohibits access to PHI.

*You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or health operations. You may also request that it may not be disclosed to family member(s) or friends involved in your care or for notification purposes as described. Your request must state specific restrictions and to whom they are restricted to. Your physician is not required to agree to any restrictions that you may request. If the physician believes it is in your best interest to permit use of your PHI, therefore it will not be restricted. Then you have the right to use another Healthcare professional.

*You have the right to request to receive confidential communications from us by alternative means or location. You have the right to obtain a paper copy of the notice from us. You have the right to have your physician amend your PHI. If we deny, you may file a statement of disagreement in which we may prepare a rebuttal to your statement. Complaints may be made to us or the Secretary of Health and Human Services, if you believe your rights have been violated. You may file a complaint with us by notifying our privacy officer. We will not retaliate against you for filing a complaint.

*We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or