

## Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. 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. This facility may share medical information with other medical practitioners that you specify.

### Our Pledge Regarding Your Medical Information

#### This facility is required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to medical information about you.
- Follow the terms of this notice.

### How We May Use and Disclose Medical Information About You

#### The following categories describe different ways that we may use and disclose your medical information:

##### 1. Treatment

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to others who are involved in taking care of you.

##### 2. Payment

We may use and disclose medical information so that services can be billed. For example, we may need to give your health plan information about services that you received so your health plan can pay us. We may also tell your health plan about a planned treatment to determine whether your plan will cover treatment.

##### 3. Business Associates

We may disclose your health information to contractors, agents, and other associates who need information to assist us in carrying out our business operations. For example, we have an individual who performs our medical billing with insurance companies. Our contracts with them require that they protect the privacy of your health information.

#### \*In Special Situations

- As required by law. We may disclose medical information about you without your authorization when required to do so by federal, state, or local law.
- Victims of abuse or neglect. We may release your health information to a public health authority authorized to receive reports of abuse or neglect.
- Military and veterans. If you are or have been a member of the armed forces, we may release your medical information as required by the Departments of Defense, Transportation, or Veterans Affairs.
- Workers' compensation. We may release medical information about you to programs that provide benefits for work-related injury or illness.
- Public health purposes. We may disclose medical information about you for public health activities related to prevention or control of disease, injury or disability.
- Health oversight activities. We may disclose your medical information to health oversight organizations authorized to conduct audits, investigations, or inspection of our facilities.
- Lawsuits and disputes. If you are involved in a lawsuit or dispute, we may disclose your medical information in response to a court or administrative order, subpoena, or other lawful process.
- Law enforcement. We may release health information for law enforcement purposes. Examples include in response to court order, subpoena, warrant or summons.
- To avert a serious and imminent threat to health or safety. We may use your health information to share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public.

### Your Rights Regarding Your Medical Information

#### You have the following rights regarding medical information we maintain about you:

##### 1. The Right to Inspect and Receive Copies

You may ask to inspect and receive copies of medical information that may be used to make decisions about your care.

##### 2. The Right to Amend

If you feel that your medical information is incorrect or incomplete, you may ask to amend the information for as long as the infor-

mation is kept by this facility. You must provide a reason that supports this request. We may deny your request if the information was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by us or for us; Is already accurate and complete. If your request to amend your record is denied, you will have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial notice.

### 3. Right to a Listing of Persons Receiving Your Medical Information

You may request an "accounting of disclosures" of medical information released about you. An accounting of disclosures does not include disclosures made:

- To you or your personal representative.
- With your written authorization.
- For treatment, payment, or health care operations.
- From the patient directory.
- To family involved in your care or payment of care.
- Incidental to permissible uses or disclosures.

Please submit a request for this list in writing and state a specific time period.

### 4. Right to Request Restrictions

You have the right to request a restriction on how we use or disclose your health information to treat your condition, collect payment for your treatment. We are not required to agree to your request. If we do agree, we will fulfill your request unless the information is needed to provide emergency treatment.

### 5. Right to Request Confidential Communications

You may request that we communicate with you about mental health/medical matters in an alternative way or at an alternative location (for example, you may wish to be contacted at home rather than at work). You need not provide a reason for your request. Reasonable requests will be accommodated.

### 6. Right to a Paper Copy of This Notice

You may request a paper copy of this notice.

## Changes To This Notice

We reserve the right to change this notice. We may make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be displayed and available to you.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. These complaints must be submitted in writing. You will not be penalized for filing a complaint.

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. However, we are unable to take back any disclosures we have already made with your permission.

## Signature

I have read and understand this document.

**Signature of Client or Guardian (if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_