

Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnosis, treatment and applying for future treatment. It also includes billing documents for those services.

Examples of Uses and Your Health Information for Treatment Purposes are: The doctor obtains information about symptoms you are having and records it in a health record. During the course of your treatment, the physician determines he will need to consult with another specialist in the area. He will share the information with such specialist and obtain his/her input. Your name will only be provided if you give written consent, except under emergency situations.

Example of Use and Your Health Information for Payment Purposes: We may submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you.

You Have a Right To:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request granted.
- Request that you be allowed to inspect a copy of your health record and billing record. You may exercise this right by delivering the request to our office.
- Appeal a denial of access to your protected health information, except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that 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 health information kept by or for the office; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment; payment or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility

directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; uses or disclosures to notify family or others responsible for your care at your location, condition or your death.

- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.
- If you want to exercise any of the above rights, please contact administration during regular business hours. You will be informed of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to: Maintain the privacy of your health information as required by law. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you. Abide by the terms of this notice. Notify you if we cannot accommodate a requested restriction or request and accommodate your reasonable requests regarding methods to communicate health information with you. We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices, and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the Notice by calling/emailing and requesting a copy, or by downloading it from your patient portal or the practice website.

To Request Information or File a Complaint

If you have questions, would like additional information or want to report a problem regarding the handling of your information, you may contact administration or the doctor. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to administration or the doctor.. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services. We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Service (HHS) as a condition of receiving treatment from the office. We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Food and Drug Administration (FDA) We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, protected and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Abuse and Neglect

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

To avert serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of covered entities to funeral directors as necessary for them to carry out their duties.

Other Uses

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization. You may revoke the authorization as previously provided in this Notice under "Your Health Information Rights"

Website

If we maintain a website that provides information about our entity, this Notice will be on that Website. Effective Date April 14, 2003

Please Sign

Patient/Representative Signature

Date