**NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

**USE AND DISLOSURE OF PROTECTED HEALTH INFORMATION**

You have the right to object to the disclosure of your information. Written documentation of your objection is required and will become a part of your permanent record.

We will provide health related information to a relative or friend who is involved in your medical care and decision-making process. This is done as a convenience to our patients, i.e. a son or daughter calling in regards to an elderly patient’s test results, etc.

We may disclose identifiable health information about you without your authorization for reasons such as public health reporting, auditing purposes, or in emergency situations.

We may provide information when otherwise required to do so, such as in law enforcement activities.

We use health information about you for treatment, to obtain payment for treatment, and for administrative purposes, such as to evaluate the quality of care that you receive.

We may disclose information about you with medical researchers in the event it pertains to products or medications that have been used in your care or treatment (i.e. product recalls.)

Information may be disclosed to comply with Workers’ Compensation laws in the event that you are filing a claim.

We provide information as necessary for your health to correctional institutions if you are incarcerated.

We will ask for your written authorization before using or disclosing any other identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures.

Our policies for using and disclosing health information may change from time to time. If we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room.

 **NOTICE OF PRIVACY PRACTICES**

*Continued*

**INDIVIDUAL RIGHTS**

You have the right to request restrictions on how your health information is used or disclosed. If you think information in your record is incorrect or that important information is missing, you have the right to request that we correct the record. We will try to accommodate your requests pertaining to these situations.

You have the right to submit a written statement of disagreement for inclusion in your medical record.

We may contact you by mail or telephone to remind you about appointments, provide you with test results, make arrangements for surgery, etc.

You have the right to confidential communications from us. In most cases, you have the right to look at or obtain a copy of health information about you. If you request copies, we may charge $0.01 (1 cent) for each page.

You have the right to receive a list of where we have disclosed information about you for reasons other than treatment, payment or administrative purposes or without your authorization.

You have the right to a copy of this information at any time.

**COMPLAINTS**

If you think your privacy rights have been violated, or if you disagree with a decision we made about the use or access of your records, you may contact our office manager.

You may also send a written complaint to the U.S. Department of Health and Human Services, 200 Independent Ave., SW, Washington, DC 20201. There will be no retaliation for complaints filed.