Notice of Privacy Practices

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

Protected health information (PHI) about you, is maintained as a written and/or electronic record of your contact or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present, or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing the information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable laws and rules and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices. We are required to follow the terms of this Notice, whether it was in effect before or after its date of revision. We reserve the right to change the terms of our Notice, at any time, upon your request. We will provide you with any revised Notice of Privacy Practices, if you call our office and request that a revised copy be sent to you or your email or ask for one at the time of your next appointment. This Notice will also be posted in a conspicuous location within the practice, and such changes are maintained by the practice, on its office website.

You have the right to authorize other use and disclosure - This means you have the right to authorize any use or disclosure of PHI that is not specified within this Notice. For example, we would need your written authorization to disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if it intended to sell your PHI. You may retain an authorization in place for any length of time, including, as a condition precedent to the extent that your healthcare provider, or our practice has not taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication - This means you have the right to request a confidential means of communicating (i.e., mail, email, etc.) that is not identified in this Notice. For example, we would need your written request to change the way we communicate your PHI. We will provide you with any revised Notice of Privacy Practices, if you call our office and request that a revised copy be sent to you or your email or ask for one at the time of your next appointment. This Notice will also be posted in a conspicuous location within the practice, and such changes are maintained by the practice, on its office website.

You have the right to inspect and copy your PHI - This means you may inspect and obtain a copy of your complete health record. If your health records are maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal regulations.

You have the right to request a restriction of your PHI - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the restriction, we will abide by it, except in emergency circumstances, or when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict our use and disclosure of your PHI to a specific treatment or service, such as treatment you receive from an out-of-state provider. We are not permitted to deny your specific type of request as a requested restriction.

You may have the right to request an amendment to your protected health information - This means you may request an amendment to your PHI, as long as we maintain the information. In certain cases, we may deny your request for an amendment.

You have the right to receive a disclosure accounting - This means that you may request a list of disclosures that we have made of your PHI, to entities or persons outside of our office.

You have the right to receive a privacy breach notice - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

If you have additional questions regarding your privacy rights, please feel free to contact our Privacy Manager. Contact information is provided at the bottom under Privacy Complaints.

How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe general types of uses and disclosures.

Treatment - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination of your care with another provider that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions.

We also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

Special Notices - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that you are required to know regarding your care. Also, we may contact you to provide information about healthcare-related benefits and services offered by our office, for fundraising activities, or with respect to a group health plan to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and such notice will include instructions for doing so.

Payment - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for the services.

Healthcare Operations - We may use or disclose as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical reviews, legal services, auditing functions, and patient safety activities.

Health Information Organization - The practice may elect to use third-party health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment or healthcare operations.

To Others Interested in Your Healthcare - Unless you object, we may disclose to a member of your family, a relative, a close personal friend of any other person, that you identify, your PHI that relates to your health condition that person’s involvement in your healthcare.

If you are unable to agree or object to such a disclosure, we may disclose information as necessary for our best interest and professional judgment. This may use or disclose your PHI to others in the event of your death to notify a family member or personal representative of a person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of your PHI, such family member, personal representative, or person that is responsible for your care, of your general condition or death. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures - We are also permitted to use or disclose your PHI, without your written authorization, for the following purposes, as required by law:

- Public Health Activities
- Health Oversight Activities
- Research
- Law Enforcement Purposes
- Vital Statistics
- Organ Donor Activities
- Criminal Activity
- National Security Activities
- Military Activity
- Correctional Facility

Privacy Complaints

You have the right to comment, to us, or directly to the Secretary of the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager at: [Email/Address]

We will not retaliate against you for filing a complaint.

[Signature/Date]

Publication Date: [Date]