

## NOTICE OF PRIVACY PRACTICES

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.

### Shortened Notice of Privacy Practices

Our practice is dedicated to maintaining the privacy of your personal health information. We are required by law to provide you with important information regarding how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice is a shortened version of the full legally required Notice of Privacy Practices (NPP) which is available upon request, so please refer to the Complete Notice for more detailed information.

### Use and Disclosure of Your Protected Health Information (PHI)

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We will use this information about your health mainly to provide you with **treatment**, to arrange **payment** for our services, or for some other business activities which are called, **health care operations**. After you have read sign to acknowledge this NPP, we will ask you to sign a Consent Form to agree to be treated and to let us use and share your information as necessary. ***If you do not consent and sign the Consent Form, we cannot treat you.***

If we or you want to use or disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an **Authorization** to allow this.

We will keep your health information private, however there are times when the law requires us to use or share it, such as:

1. When there is a serious threat to your health and safety or to the health and safety of another individual or the public.
2. Law enforcement official requires us to do so.
3. Lawsuits and legal or court proceedings.
4. Worker’s Compensation and similar benefit programs.

There are additional situations less common that are described in the complete version of the Notice of Privacy Practices, which is available upon request in our office.

### Your Rights Regarding your Healthcare information

1. **Inspect and Copy:** You have the right to inspect and obtain a copy of your protected health information, such as your medical records, for so long as we maintain the information. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records, except as disallowed by your insurance.
2. **Restriction on Protected Health Information (PHI):** You have the right to ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You also have the right to ask us not to disclose any part of your PHI to certain individuals, such as family members or friends. If we do agree to your request, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. **Restriction of PHI Communication:** You have the right to request confidential communications from us by alternative means or at an alternative location. For example, you may ask us to call you at home and not work regarding your appointments or health information.
4. **Amend:** If you believe the information in your records is incorrect or incomplete, you have the right to request an amendment of PHI in a designated record set for so long as we maintain this information.
5. **Copy of Notice:** You have the right to a copy of this notice. If we change this NPP, we will provide an updated version in our office upon request.
6. **Accounting and Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
7. **Complaints:** You have the right to file a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. Filing a complaint will not change the health care we provide you in any way.

