

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE READ THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI). In conducting our business, we will create records regarding you and the treatment and services provided to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise this Notice of Privacy Practices. Any revision to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice of Privacy Practices in a visible location at all times, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

- 1. Treatment.** Our practice may use your IIHI to treat you. For example, we may use your IIHI to write a prescription for you, or we may disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to doctors and nurses, may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care.
- 2. Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits. *We may also use and disclose your IIHI to obtain payment from a third party responsible for such costs.* In addition, we may use your IIHI to bill you directly for services and items.
- 3. Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. For example, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct business-planning activities for our practice.
- 4. Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
- 5. Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
- 6. Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.
- 7. Communication.** Our practice may contact you by mail, email, fax, or telephone at home or work.

USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

- 1. Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information.
- 2. Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law.
- 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena, or other lawful process by which another party involved in the dispute, but only if we have made an effort to inform you of the request or obtain an order protecting the information the party has requested.

- 4. Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official.
- 5. Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary we may also release information in order for funeral directors to perform their jobs.
- 6. Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under such circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 7. Military.** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 8. National Security.** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 9. Inmates.** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- 10. Workers' Compensation.** Our practice may release your IIHI for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IIHI

- 1. Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request. Our practice will accommodate reasonable requests.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use and disclosure of your IIHI for treatment, payment, or health care operations. You have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care. We are **not** required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction you must make your request in writing. You must describe in a clear and concise manner the information you wish restricted, whether you are requesting to limit our practice's use, disclosure, or both, and to whom you want the limits to apply. You have the right to restrict disclosures to your health plan if you choose to pay out of pocket in full for your healthcare item or service.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you. You must submit such a request in writing. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request in certain limited circumstances; however, you may request a review of your denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. You must make such a request in writing. Our practice will deny your request if not submitted in writing. You must provide us with a reason that supports your request for amendment. We may deny your request for amendment if we feel such measures are not appropriate.

5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. It is not required that use of your IIHI as part of routine patient care in our practice be documented. You must submit such a request in writing. All requests must state a time period, which may not exceed six years from the date of disclosure and may not include dates before April 14, 2003. The first list requested in a 12-month period is free of charge, but our practice may charge for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Receive Notification of a Breach of IIHI. You have the right to receive a notification following a breach of unsecured IIHI.

9. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law, including uses and disclosures of psychotherapy notes; uses and disclosures of IIHI for marketing purposes; and disclosures that constitute a sale of IIHI. Any authorization you provide us regarding the use and disclosure of your IIHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note that we are required to retain records of your care.