



# NOTICE OF PRIVACY PRACTICES

**When it comes to your health information, you have certain rights.**

Get a copy of your medical record

- You can ask to see or get a copy of your medical record and other health information we have about you.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say no to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way or to send mail to a different address.

Ask us to limit what we use or share.

- You can ask us not to share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say no if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment our operations with your health insurer.

Get a copy of this privacy notice.

- You can ask for a copy of this privacy notice at any time.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Our uses and disclosures.**

- We typically use or share your health information in the following ways:
- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- We can use and share your health information to bill and get payment from health plans or other entities.
- We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can use or share health information about you for:
  - Worker's compensation claims
  - In response to a court or administrative order, or in response to a subpoena

**Our responsibilities.**

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us in writing we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

*We can change the terms of this notice, and the changes apply to all information we have about you. The new notice will be available, upon request, in our office.*