

## **Notice of Privacy Practices**

Our office is dedicated to providing service with respect and dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. We are required to tell you how we will be keeping your protected health information confidential. We are asking every patient to sign an acknowledgment form that they received this notice. This notice will remain in effect until it is replaced or amended by changes in law.

### **We gather personal information and health information in several ways:**

Information we receive from you.

Information we receive from other healthcare providers.

Information we receive from third parties.

### **Your health information may be used for the following purposes:**

You should be aware that during the course of our relationship with you we might use and disclose health information about you for treatment, payment, and healthcare operations.

1. We may use your health information to provide, coordinate and manage health care treatment or services. We may disclose health information about you to health professionals who are involved in taking care of you.
2. We may use information to receive payment from you, an insurance company, or a third party for services we provide.
3. We may use information for certain activities related to business functions of this office.
4. We may use and disclose health information to contact you as a reminder that you have an appointment or that we may need to reschedule your appointment.
5. Unless you object, we may disclose your information to your family members, relatives, close personal friends or any other person you identify, in which your protected health information directly relates to such person's involvement in your health care or payment for such health care.
6. We may use and disclose health information to inform you about or recommend possible treatment aftercare options that will benefit you.
7. We may use or disclose minimally necessary health information about you for research purposes.
8. We may disclose or use minimally necessary health information for other special situations, such as public health activities, for averting a serious threat to health or safety, or for workers' compensation purposes.
9. We will disclose minimally necessary health information about you when required to do so by federal, state, or local law.

### **Right to Request Confidential Communications**

You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation with whom you choose to share your protected health information.

### **Marketing**

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, post cards, letters, phone calls or newsletters.

### **Patient Rights**

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your Protected Healthcare Information.
4. You have the right to request that we amend your Protected Health Information; the request must be in writing.
5. You have a right to receive all notices in writing.

If you have questions, complaints, or want more information, please contact this office. Complaints about your privacy rights or how your privacy is handled at this office can be addressed directly by calling this office or directing a letter to our attention.

If you are not satisfied with how this office handles your complaint you may submit a formal complaint to the U.S. Department of Health and Human Services:

DHHS (Office of Civil Rights)  
200 Independent Avenue, SW  
Room 509F HHH Building  
Washington, D.C. 20201