
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THE FOLLOWING.

We respect our legal obligation to keep your information private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPTIONS: The most common reason why we use or disclose your health information is for treatment payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; assessment; referring you to another healthcare provider/ professional; obtaining your health information from another professional that you may have seen before us.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION: In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to this setting. Such uses or disclosures are highly unlikely but could potentially happen and are as follows:

- State or federal law mandate that certain health information be reported for a specifically stated purpose.
- Public health reporting of contagious or infectious disease, investigation or surveillance; and notices to and from the Federal Food & Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid or for investigation of possible violations of health laws.
- Disclosures for judicial and administrative proceedings such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosures for law enforcement purposes such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
- Uses or disclosures for health related research.
- Uses and disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials, for the lawful national intelligence activities; for military purposes; or for the evaluation and health members of the foreign service.
- Disclosures of a "limited data set" for the research, public health, or health care operations.

APPOINTMENTS REMINDERS: We may remind you of scheduled appointments or to comment on your home program.

OTHER USES AND DISCLOSURES: We will not make any other uses or disclosures of your health information unless by your written expressed consent. We may initiate the authorization process for the purpose of disclosure of information regarding your health but without your written consent, the process will not continue. If you initiate the process we may be able to provide an authorization form or you may need to obtain an authorization form from the party you wish to release information to.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of the notice.

YOUR RIGHTS: The law gives you many rights regarding your health information. You Can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home or by mailing health information to a different address.
- Ask us for photocopies of your health information. You will be asked to pay for photocopies of your records if a request is made for more copies than was originally provided to you during the course of your treatment. If you want photocopies for the purpose of providing information to another provider or other, you will need to present a written request to release your information in photocopy form. Please provide address and specific contact person the photocopies are to be provided to as written in the request and signed by you to authorize release of your health information.
- If you want us to amend your health information because you think that it is incorrect or incomplete; send a written request to the office and appropriate contact person as listed at the beginning of this notice. Be sure to include your reasons for the amendments and to sign your request. If we agree, we will amend the information within 60 days or as soon as possible based on any other circumstances that may arise. **Request a copy from the front desk for your records or for amendments/signatures.**