



Notice of Privacy Practices

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 were to occur that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and offer you a copy of it. We will not use or share your information other than as described in this notice unless stated otherwise by yourself in writing. You are able to change your mind at any time by doing so in writing.

When it comes to your health information, you have certain rights. This following explains your rights and some of our responsibilities to help you.

Electric or Paper Copy of Your Medical Record You can ask to see or get an electric or paper copy of your medical records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

Correction of Medical Record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may deny your request, but we'll give you an explanation as to why in writing within 60 days.

Request Confidential Communications

You can ask us to contact you in a specific way (for example: home or office phone, email, text) or to have your mail sent to a different address. All reasonable requests will be granted.

Limit Information Used or Shared

You can ask us not to use or share certain health information for treatment, payment, or our clinic 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 or our operations with your health insurer. We will comply with this request unless law requires us to share that information.

Shared Information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable fee if one is requested more than once in a 12 month period.

Copy of Privacy Notice

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

Power of Attorney

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 require paperwork authorizing that individual as your power of attorney or legal guardian prior to any action taken.

Filing a Complaint

If you feel your rights have been violated, you can file a complaint with our office. 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. You can also call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints.com.

For certain health information, you have a choice in what information is shared. You have the right and choice to have us share your information with your family, close friends, or others involved in your care. Also, to share your information in a disaster relief situation. If you are unable to give authorization in a certain situation, an example being in a state of unconsciousness, we may share your information if we feel it is in your best interest and/or when it may be needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures of Your PHI

Some of the ways we can use your health information include the following:

Treatment: We can use or share your health information with other professionals that are involved in treating you.