

Notice of Privacy Practices

This notice describes how we use and disclose your health information.

You have the right to know what health information we have about you and to control what we do with it.

If you have any questions about this notice, please contact us.

This Notice

of our Privacy Practices

relates to your treatment,

payment,

and operations.

Some uses and disclosures of your information are permitted or required by law. It also describes

your rights to access and amend your information.

We may use your information to identify and contact you about

health care services or health conditions.

Physical

and

We are required to abide by the terms of the Privacy Act.

terms of our not, at any time. Therefore, we

that maintain that in relation.

information

Notice of Privacy Practices by calling the

number on the mail or for, one at the time of

Uses and Disclosures of Protected

You will be a by your physician

to sign

disclosure of protected health information

by signing the form, your physician

as described in this Section 1. Your pro

your physician, office staff and others

treatment for purpose of providing

UdI E

information also be used in the

operation of the physician's

practice

Following are examples of the types of

and

information physician's intended

that office is

form. These examples are not meant to be

disclosures you be made by or your office

that

Treatment: We use and disclose

)/cur

manage your health care and any related

management of your health care services

have access to protected health

health information, as necessary, to

disclose protected health information to

the necessary person from you to

your protected health information may be

referred to ensure that the physician has

we

physician or health care provider, as a physician, become involved

In addition, we may disclose your protected

information

to our physician.

Our Practices

about you may be used and disclosed

and

information. Please review it carefully.

Please contact our Privacy Officer who is

may use and disclose your protected

health

information for operations and for other purposes that

we have the right to access and control your

information is information about you, including

information that relates to your past, present or future

health care services

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I be effectiveforallprotectedhealth

request, youwithanyrevised

we will provide

requesting copybesenttoyo,

thata revised

apporntment.

BasedUpon Your WrittenConsent

t form. Onceyouhaveconsenlied

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t,paymentandhealthcareoperations

or disclose yourprotectedheallhinformatron

th informationmaybe used and<iisclosed

by

ourofficethat are involvedinVr:urcareand

rcesto you. Yourprotectedhealth

yourhealthcarebi ls andto support the

uses of your protected healthcare
make once you have signed our consent
, but to describe the types of uses and
have provided consent.

health information to provide, coordinate,

or

This includes or

the coordination

that has already obtained to

your permission

or example,

we would disclose) our protected
agency that provides to you. We will also

care

whom maybe treating you when we have
protected health information.

For example

to a physician to whom you have been

sary information or treat you.

to, diagnose

information to another

from time-to-time

or laboratory)

who, at the request of your

ing assistance with your healthcare diagnosis,

Payment: Your protected health information will be used, as needed, to obtain payment for your healthcare that your health plan may

This may include your insurance

undertake it approves or pays for care services we recommend

for you such as;

making a determination of eligibility or insurance benefits, reviewing services

provided to you, or, if necessary, conducting a review. For example,

for medical and utilization activities.

obtaining for a hospital stay may that your relevant protected health information

be disclosed to the health plan to obtain a for the hospital admission. It may also include providing your individually identifiable information to a payment collection agency when this medical, within a timely manner, received payment for services

your protected information

in order to support our practice activities

; We may use or disclose, as-needed, health

the business physician's. These include,

but are not limited to, quality improvement activities, of medical

assessment, review, training

students, marketing and financial activities, and conducting or arranging

for other

business

For example, we may disclose your information to school students

to medical that

see patients at our office. In addition, we have a sign-in sheet at the registration desk where

you will be asked to sign your name as a physician.

Our call center may also call you by name

in the waiting when your physician sees you. We may use your

information to disclose

protected health information, to remind

you of your appointment,

your outstanding prescription, information

related to your or other medical

conditions. We may also use your protected health information

to send

text messages or voice mail system, reminders

of your appointments,

prescription information, medical billing information

that perform

services (e.g., billing, transcription) for the practice. An arrangement

We will share your protected health information with "business associates"

various activities Whenever

between our use or disclosure

and a business of your protected

health information, we will have a written terms of privacy

that contains that will protect

of your health information.

your protection to provide you with

information about treatment alternatives, health-related benefits and services that may be

of interest to you. We may also use and disclose your protected health information

We may use and disclose information, as necessary,

for other

marketing activities. For example, your name may be used to send you a newsletter

at your address

about our services and products

and the services may also send you information

about services that we believe may be of interest to you. Contact our Privacy Officer to request

that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based Upon Your Written

Authorization

Other uses and disclosures of your information will be made only with your

written authorization, unless otherwise required by law as described below. You may

revoke this authorization, in whole or in part, at any time or the

at any time, in that your physician

physician's indicated

has taken action to limit the use or disclosure in the

authorization.

Other Uses and Disclosures That May Be Made With Your

Consent,

We may use and disclose your protected health information in the following instances.

in the following You have

the opportunity to agree or object to the use or disclosure of all or part of your protected health

information. If you are not present or object of the

or is likely to be used or disclosed

to you or your family, using professional

protected health information, professional judgment, determine

whether the disclosure case, only the protected health information

is in your best interest

that is relevant to your healthcare will be:

Others Involved in Your Healthcare: If you are not the object, we may disclose to a member of your

family, a relative, a close friend or any other person you identify, your protected health information

that directly relates to that person's involvement in your healthcare. If you are unable to agree or

object to such a disclosure, we may use or disclose information as necessary if we determine that

it is in your best interest based on our judgment. We may use or disclose protected health information on or assist

in notifying in writing you or any

other person who is responsible for your general condition or health. Finally,

for your location,

we may use or disclose information to an authorized public or private entity

your protected

to assist in disaster relief and to family or other

efforts used and disclosures

individuals involved in your healthcare

Emergencies: use or disclose health information

When in an emergency treatment, if this happens, shall try to obtain your consent as soon

practicable as possible in the

situation. your consent as

reasonably after the delivery of your physician's services

practicable of

or another in the

practice is required by law to treat you and the physician has attempted to obtain your consent

but is unable to obtain your consent, he or she may use or disclose your protected health

information without your

to treat

Communication Barriers: We may use your protected health information

to inform you, another physician or another person in the practice to obtain consent

from you but is unable to

do so due to substantial communication barriers. The physician determines, using professional judgment, that you intend to consent

under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity

We may use or disclose your protected health information in the following without

your consent or authorization.

These situations

are:

Required by Law: We may use or disclose your health information

to the extent that

the law requires

the use or disclosure

If the disclosure will be made in compliance with the law and will be limited to the relevant part of the law. You will be notified, by

means required

law, of any such uses or disclosures.

Public Health: We may disclose your information for public activities

information health and purposes authority by law to collect

to a public health that is or receive the information

The disclosure will be made for the

controlling disease, injury or disability. We may

also disclose your protected health

information to the public health authority, to a

foreign government that is collaborating with the authority

agency th the publichearlth

CommunicablqDiseases: We maydi protectedhealthir

information, by

ifauthorized

law, to a person who may have been e cclmmunicable or may otherwise

disease beat

risk of contractirlgorspreaingthedisease ition.

HealthOversight: Wemaydiscloseprctec information oversight for

to a health agency

authorized

activities by law, suchasaurJits, ons, and inspections. agencies

Oversight

seekingthis information governmen

include

that oversees the care system.

health

government programs,

benefit other

programs and civil rights laws.

Abuse or Neglect: We may disclose your information

to a public health authority that is authorized by law to receive information about child abuse or neglect. In addition,

we may

disclose your protected health information

if you have been a victim of abuse,

neglect or domestic

violence to the

or agency authorized such

to receive

information. In this case, the disclosure will be consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologics product deviations; to enable product recalls; to

make repairs or replacements, or to conduct ongoing surveillance,

as required

Legal Proceedings; We may disclose protected health information in response to a

request for information in response to a

proceeding,

to the extent such disclosure is expressly

),

discovery or other process.

request lawful

Law Enforcement: We may also disclose
legal requirements

are met, for law

include (1) legal processes and other uses

identification and location purposes, (3)

has occurred as a result of criminal conduct

of the practice, emergency

and (6) medical

crime has occurred.

Co-directors

information to a coroner or medical examiner

death or for the coroner or medical examiner

also disclose protected health information

to permit the funeral director to carry out their

reasonable duties of death.

anticipation of death

cadaver organ, eye or tissue donation

Research: We may disclose, lose

your

research has been approved by an institution

and

protocols the

proposal and the sponsor

Criminal Activity: Consistent

with

protected health information, if we believe that

disclosure is a serious and imminent threat to the health

of the individual or the public, or if we believe that

we need to identify or apprehend an individual.

Military Activity and National Security

disclosure of protected health information

is

activities deemed necessary by

determination by the Department of Veterans

military authority if you are a member of

protected health information to authorized

intelligence including

activities, for the provision

legally authorized.

Workers' Compensation: Your protected

authorized

to comply with workers' compensation

programs.

Inmates: We may use or disclose your

correctional and your physician

facility

the course of care you,

of providing

Aff

to

or

information of any judicial

in the course

of a court or administrative (to the

tribunal

under certain conditions in response to a subpoena,

health information,

so long as applicable

These law enforcement

purposes

by law, (2) limited information requests for

to victims of a crime, (4) suspicion that death

the event that a crime occurs on the premises

the Practice's premises) and it is likely that a

protected

tification determining of

; We may disclose health

purposes, cause

other duties authorized by law. We may

I director, as authorized by law, in order to

We may disclose such information in

information may be used and disclosed for

information to researchers when their

board that has reviewed the research

of your protected health information.

your

use or disclosure is necessary to prevent or

or safety of a person or the public. We may

necessary for law enforcement authorities to

and state laws, we may disclose

inappropriate apply,

conditions we may use or

for the Armed Forces personnel (1) for

command authorities; of a

(2) for the purpose

of your eligibility or (3) to foreign

benefits,

military services. your

We may also disclose

officials for conducting national security and

protective services to the President or others

may be disclosed by us as

laws and other similar legally-established

information of a

if you are an inmate

your protected health information

in

Required Uses and Disclosures: Under the

required by the Secretary of the Department

determine our compliance with

the requi

2. Your Rights

Following is a statement of your rights with

description

of how you may exercise

You have

and

may inspect and obtain a copy of protected

designated record set for as long as we maintain

record set" contains medical and billing records

practice uses for making decisions about, or, for

If you request a copy of your medical records

copying, mailing, or other supplies associated with

Under federal law, however, you may not in

notes; information compiled in reasonable arrangements

administrative or proceeding, and

action

prohibits access to protected i

health

o any access may be reviewable.

In some ci

decision reviewed. Please contact our pri

your medical record.

the

you may ask us not to use or disclose any Dar

purposes payment

of treatment, or health care

your protected health information

not be d

involved in your care or for notification

pur

Your request must state the specific restriction

apply

Your physician

is not required to agree to a restriction

if it is in your best interest and

to permit protected health information

will not be restricted

restriction,

we may not use or disclose your

restriction unless it is needed to provide

any restriction

you wish to request with your specific restrictions

for the use and disclosure

Consent for Purposes Payment.

of Treatment,

Youhav

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requestanexplanation

fromyouas to the

*1,lngto our Privacy Contactor declaring

the

of Treatment, anciHealthcare

Payment, 0oeri

You

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designatedrecordset for as long as we miai

yourrequestforanamr:ndrnt. ‘

If we den,y

a statementof disagreement

with us and we

must make disclosure to you and when

and Human Services to investigate or

ion 164.500 et seq

your protected health information

and a

health information. This means you

information about you that is contained

in a

protected health information.

A designated

any other records that your physician

and the

charge a reasonable fee for the cost of

request.

copy the following records; psychotherapy

in civil, or use in, a civil, criminal, or

health information that is subject to law that

depending on the circumstances, to

a decision

and, you may have a right to have this

information if you have questions about access to

your

information. This means

that we protect health information for the

individuals. You may also request that any part of

your family members or friends whom we

have described in this Notice of privacy practices

be added to whom you want the restriction to

not be able to access your information. If a physician believes

that you may request that we restrict access to

your health

information.

urphysician totherequested

doesagree

healthinformation ofthat

inviolation

Withthis in mind,pleasediscuss

‘You

. may request a restriction tlvdclarino

protectedhealthinformationonthe

IthcareOperationsform

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youfor information will

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othermethodof contact. Wewillnot

request.Pleasemakethisrequestin

cfl or [BQUst forpurposes

onthe Consent

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health information about you in a

information. In some cases, we may deny

incertain

est for amendment, to title

you have the right to

provide a rebuttal to your statement and will

provide you with a copy of any such rebuttal.

you have questions about finding your

. This

treatment, or operations

payment

excludes disclosures we may have made to

friends involved in your care, or for

information regarding the Q disclosure that

shorter time frame. The right to receive this

restrictions

and limitations.

have agreed to accept this notice electronri

3.Comolaints

Youmaycomplainto us or tothe Secretary

violatedyour privacy rights,Youmayfilea
yourcomplaint.

We will not retaliate against

Youmaycontactour Privacy Contact-Amber
aboutthe complaint process.

Thisnoticewaspublishedandbecomes

contactourPrivacyContacttodetermineif

forpurposes than

bedinthis Notice of PrivacyPractices.It

facilitydirectory,to family membersor

You have the right to receive specific

after April 14,20A3.Youmayrequesta

r is subject to certain exceptions,

todisclosures other

upon request, evenifyou

and Human Services if you believe we have
with us by notifying our privacy contact of
your complaint.

at (661) 765-4270 for further information

April 14, 2003.