

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we have shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental health care.
- Market our services and sell your information.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you.
- Run our practice.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, government requests.
- Respond to lawsuits and legal actions.

Your Rights

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

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record 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, 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. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communication:

- You can ask to contact you in a specific way (example: home phone, office phone, or mobile phone).
- We will say “yes” to all reasonable requests. However, we may say “no” and we will tell you why in writing within 60 days.

Ask us to limit what we use or share:

- You can ask us not to use or 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 or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of with whom we have shared information:

- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we share it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one list per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy practice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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.
- 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 via phone or mail.
- You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to Centralized Case Management Operations. **U.S. Department of Health and Human Services**. 200 Independence Avenue, S.W. Room 509F HHH Bldg.

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Washington, D.C. 20201, Email to OCRComplaint@hhs.gov, or by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations describe below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference; for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission to:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following way.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for services

We can use or share your health information to bill and payment from health plans or other entities.

Example: We give information to your health insurance plan so that it will pay for your services.

How else can we share your health information?

We are allowed or required to share your information in other ways; usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before

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we share your information for these purposes. For more information see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspecting abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.