

# Notice of Privacy Practices

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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**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to 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 or your request. We may charge a reasonable, cost-based fee.
- If you request that your record or x-rays be emailed, they will be sent via Gmail, an unencrypted email service. As with any unencrypted email service, messages may be intercepted and/or read by a third party. By requesting records via email, you acknowledge that you are putting your health information at risk of disclosure. You accept the risks associated with requesting your records via email. If you would like your records sent via encrypted email, you must specifically request this.

## 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.

# Request confidential communications

• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

## 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 those with whom we've 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, 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, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time. 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 it someone is your legal guardian, that person can exercise your rights and make choices about your health information. 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 using the information above, or you can file a complaint with the U.S. Dept. of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave SW, Washington, DC 20201 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

# Your Choices

For certain health information, you can tell us our choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. We will follow your instructions. (continued)

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

- Share information with you family, close friends, or others involved in your care
- Share information in a disaster relief situation

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 and imminent threat to health or safety.

We never share your information unless you give us written permission for: marketing purposes or sale of your information.

# 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 ways. (We do not create or manage a hospital directory, respond to organ or tissue donation requests, nor create/maintain psychotherapy notes at this practice.)

# Treat you

• We can use your health information and share it with other professionals who are treating you. For 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. For example, we use health information about you manage your treatment and services.

## Bill for your services

• We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed to required to share your information in other ways – usually in ways that contribute to the public good. We have to meet many conditions in the law before we can share your information for these purposes. See www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html for more info.

#### 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 suspected abuse/neglect/domestic violence, preventing or reducing a serious threat to anyone's health or safety.

## Do research

We can use or share your information for health research.

#### Comply with the law

• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

# Address workers' compensation, law enforcement, and other government requests

• We can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security, and presidential protective services.

## Respond to lawsuits and legal actions

• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# 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 occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by telling us in writing.

We can change the terms to this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.