



NOTICE OF PRIVACY PRACTICES We Care About Your Privacy

This notice describes how medical information about you, as a patient of this practice, may be used and disclosed and how you can get access to this Information. Our practice is dedicated to maintaining the privacy of your personal medical Information. We realize that these laws are complicated, but we must provide you with the following important information:

USES AND DISCLOSURES

There are a number of situations where we may use or disclose to other persons or entities your confidential medical information. Your confidential medical information is defined under federal law as protected health information" (PHI). When we retain your confidential medical information on our computer system, it is called "electronic protected health information" (ePHI). This notice applies to all PHI and ePHI related to your care that we have created or received. It also applies to any personal or general Information we receive from patients, including information contained on driver's licenses. Certain uses and disclosures will require you to sign and Acknowledgement that you received our Notice of Privacy Practices, Including treatment, payment and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures required by law or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary *from* your medical records to accomplish the intended purpose of the disclosure.

We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential medical information for the following purposes:

For Treatment: We will use your medical information to make decisions about the provision, coordination or management of your health care - including diagnosing your condition and determining the appropriate treatment. We may disclose medical information about you to therapists, doctors, nurses, technicians, health students, or other personnel who are involved in your care. They may work at our offices, at the hospital if you are hospitalized, or at another provider's office.

For Payment: We may need to use or disclose information in your medical record to obtain reimbursement from you or your health insurance plan, or another insurer for our services rendered to you. This may also include determinations of eligibility or coverage under the appropriate health plan, pre certification and pre-authorization or services or review of services for purposes of reimbursement. This information may also be used for billing claims management and collection purposes together with related health care data processing through our system.

For Health Care Operation: We may use and disclose medical information about you for operations of our health care practices. These uses and disclosures are necessary to run our practice and make sure all of our patients receive quality care. Your medical records may be used in our business planning and development operations, including improvement in our methods or operation, and general administrative functions. We may also use this information in our overall compliance planning, medical review activities, and arranging for legal and auditing functions.

Use and Disclosure without Acknowledgement or Authorization



There are certain circumstances under which we may use or disclose your medical information without first obtaining your Acknowledgement or Authorization. Those circumstances generally involve public health and oversight activities, law enforcement activities, judicial and administrative proceedings and in the event of death. Specifically, we are required to report to certain agencies Information concerning communicable diseases, sexually transmitted diseases and HIV/AIDS status. We are also required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law enforcement officials information that you or another person are in immediate threat of danger to your health or safety as a result of violent activity. We must also provide medical record information when ordered by a court of law to do so.

Authorization for Use or Disclosure

Except as outlined in the above sections, your medical information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. We will not disclose your medical record information to an employer for the purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization. Your medical information will not be disclosed for marketing purposes or sold to any third party without your authorization.

Other uses and disclosures of your medical record information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures that we have already made with your permission and that we are required to keep any records of the care that we provided to you.