

Notice of Privacy Practices

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

We are required by law to maintain the privacy of protected health information to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured unprotected health information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice takes effect **9/1/2014** and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law, and to make new notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this notice and post the new notice clearly and prominently in our practice location, and we will provide copies of the new notice upon request. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

How we may use and disclose health information about you

We may use and disclose your health information for different purposes including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information such as HIV related information genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment. We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment for you

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities including billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company or another third party. For example, we may send claims to your dental health care plan containing certain health information

Healthcare Operations. We may use and disclose your health information in connection with our health care operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals involved in your care and payment for your care. We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use and disclose your health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your health information when we are required to do so by law.

Public Health Activities. We must disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices.
- Notify a person of a recall, repair or replacement of products or devices.
- Notify a person who may have been exposed to a disease or conditions, or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence

National Security. We may disclose to military authorities the health information of the Armed Forces Personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities, we may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS. We will disclose your health information to the Secretary of the US Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Workers Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs established by law.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and of the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of the information.

Coroners, Medical Examiners and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to other than those provided for in this notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time upon receipt of the written revocation, we will stop using or disclosing your PHI, except to extent that we have already taken action on reliance of the authorization.

Your Health Information Rights Access. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access from the privacy officer of this practice. If you requested information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost based fee for copies.

Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include 1) what information you want to limit, 2) whether you want to limit our use, disclosure or both, and 3) whom you want that limit to apply.

We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment, or health care operations and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan) has paid our practice in full.

Alternative Communications. You have the right to request that we communicate with you about your health information by alternative means or at an alternative locations. You must make your request in writing. Your request must

specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information that we have.

Amendment. You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny this request. If we deny your request for an amendment, we will provide you with a written explanation why we denied it and explain your rights. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirement of applicable laws.

Fundraising. We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out in writing - of receiving the communications

Other uses and disclosures of PHI. Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing and for the use of PHI. We will also obtain your written authorization before using or disclosing your PHI for this purpose

Disclosure accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosure of your health information in accordance with applicable laws and regulations.

To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost based fee for responding to the additional requests.

Right to Notification of a breach. You will receive notification of breaches of your unsecured protected health information as required by law.

Electronic Notice. You may receive a paper copy of this notice upon request, even if you agreed to receive this Notice on our website or by electronic mail.

Questions and Complaints. If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagreed with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations. Please put your concerns in writing and give to the Privacy Official. You also may submit a written complaint to the US Department of Health and Human Services. www.HHS.gov