

HIPAA 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.

This notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to help facilitate your treatment, payment or health care operations, and for other purposes that may be required by law. This notice also describes your rights to access and control your PHI. Your Protected Health Information is information about you, including your demographic information, that may identify you and that relates to your past, present or future physical or psychological health in addition to your medical condition and related health care services. The Department of Health and Human Services, Office for Civil Rights enforces the HIPAA privacy Rule

Uses and Disclosures of Protected Health Information: Your Protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the Physician's practice, and any other use required by law.

Treatment: We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party as medically necessary. For example, your PHI may be disclosed to a home health agency that provides you care or to another physician to whom you have been referred to. This is to ensure that the third party medical providers have the necessary medical information about you to provide your medical care.

Payment: Your Protected Health Information will be used, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as needed, your Protected Health Information in order to support the business activities of your Physician's practice. These activities include, but are not limited to: quality assessment activities, training of medical staff, licensing and credentialing. Some examples include: the training of medical student that see patients at our office. Additionally, we may use a sign-in sheet at the registration window and we may call you by your name in the waiting room when your Physician is ready to see you. We may also use or disclose your Protected Health Information to contact you in order to remind you of your next appointment.

We may use or disclose your Protected Health Information in the following situations without your authorization as required by law. Some examples include: Public Health issues, Communicable Diseases Health Oversight, Abuse or Neglect, Food and Drug Administration (FDA) requirements, Legal Proceedings, Law Enforcement, Coroner's, Funeral Directors, Organ Donation, Research, Criminal Activity, Military and National Security, and Worker's Compensation.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law

You may revoke this authorization at any time, in writing, except to the extent that your Physician or the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Additional information about the HIPAA Privacy Rule may be viewed at the U.S. Department of Health and Human Services Website: www.hhs.gov/ocr/privacy.