

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.

When it comes to your health information, you have certain rights.

You have the right to:

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.

I can provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

You can ask to have your health information corrected if you think it is incorrect or incomplete. I may not be able to honor your request, however, I will discuss this with you and document why in writing within 60 days.

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. I will honor all reasonable requests to the best of my ability.

Ask me to limit what I use or share

You can ask me **not** to use or share certain health information for treatment or payment purposes. However, I am not required to comply if the request would negatively impact your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information with your health insurer. I will say “yes” unless a law requires me to share.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). I can 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, even if you have agreed to receive the notice electronically. I 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 information. I 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 I have violated your rights by submitting a written complaint to my office address. You can file also complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. In these cases, you have both the right and choice to tell me 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 me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest.

I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases I ***never*** share your information unless you give me written permission:

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

Uses and Disclosures

Healthcare providers 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 we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

The following are examples of other reasons for disclosure:

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, or domestic violence, preventing or reducing a serious threat to anyone's health or safety

Do Research

Health providers can use or share your information for health research.

Comply with the law

I will be required to 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 I am complying with federal privacy law.

Respond to organ and tissue donation requests

Providers can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

I 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

I may need to 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 • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

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

My Responsibilities

- ❖ I am required by law to maintain the privacy and security of your protected health information.
- ❖ I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ I must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

Additional information-

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office or distributed electronically.