

## PRIVACY NOTICE

Everything we know about you is confidential. We may share this information as follows:

- We will share your information with the other doctors and health providers who are involved in your care. This includes the doctor or provider who referred you to us, and any consultant or provider to whom we refer you.
- We will share your information with facilities that provide care, including hospitals, laboratories, radiology facilities, and home care companies.
- We will share your information with the people, companies, or institutions that pay for your care. If you don't want us to do this, you can pay us yourself.
- We will share your information with administrative agencies that require it for quality control, such as hospitals, peer review committees, and licensing agencies.
- We will share your information with contractors who help us conduct business, such as attorneys, accountants, or computer specialists. Each of these contractors has provided us with a confidentiality agreement, and will be given only the information necessary to their function.
- We will use your information for professional discussion or education, such as when presenting your case at a hospital conference. We make every effort to remove your personal identifiers from this information, but it is not always practical to do so completely.
- We will share your information with government agencies that require it, such as in reporting cancer or communicable diseases, reporting abuse, or responding to a court of law.

As much as possible, the doctor will discuss your health information only with you or your legal representative, in addition to those listed above. Communication may be done in person, by telephone, or in writing to the address you provide. You are responsible for the privacy of your mailing address and of any fax number you provide. The health information of minors can be discussed with a parent without special permission. If you want the doctor to discuss information with anyone other than yourself or your legal representative, you must give permission. If you are accompanied by a translator, we presume you consent to the translator's knowledge of your information. In certain circumstances, we may disclose to a family member, other relative, close personal friend, or other person you identify, health information relevant to that person's involvement in your care or in payment for such care, if you do not object or in an emergency.

You can request that your medical information be shared with other people. You can request a copy of your medical records for yourself. You must make the request in writing. We charge an administrative fee for faxing, photocopying, and mailing. If you ask the doctor to complete paperwork for your employer, we presume that you consent to the release of information to that employer. If you disagree with something in your medical record, you may send us a letter describing your objection. We will include your correspondence in the medical record. You may request that we do NOT share your information with a particular person or agency. You must make the request in writing. We will do our best to comply with your wishes, within reason. If we cannot comply, we will inform you of that. If this becomes a burdensome issue, we reserve the right to dismiss you from our care. In that event, we will give you advance notice and assist you in finding another physician.

Some of your personal information may be kept or transmitted in electronic form. The rules for electronic information are the same as for paper. We will make a reasonable effort to keep your information confidential, and to protect it from intruders.

This document may be changed at any time. You may have a current copy upon request.

**PRIVACY OFFICER:** If you have questions or complaints, please address them to your doctor. If it's a serious matter, do it in writing. If you complain in writing and do not receive a satisfactory response, you may also complain to the U.S. Secretary of Health and Human Services in Washington DC.

**PLEASE REMEMBER THAT YOUR ATTENDANCE AT THE DOCTOR IS VOLUNTARY.  
WE WILL DO OUR BEST TO TREAT YOU HONESTLY, FAIRLY, AND RESPECTFULLY.  
WE ASK THE SAME OF YOU.**

## **LEGAL 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. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT YOUR DOCTOR.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes information about privacy practices followed by your doctor and his/her office personnel. These practices will be followed as well by other doctors who provide "call coverage" when your doctor is not available.

### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health and the healthcare services you receive. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you, and describes your rights and our obligations regarding the use and disclosure of that information.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We must have your written consent to use and disclose health information for the following purposes.

**For Treatment:** We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you. For example, your doctor may treat you for a surgical condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, and ordering Xrays. Family members and other health providers may take part in your medical care and may require information about you.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive may be billed and payment collected from you, an insurance company, or a third party. For example, we may need to give information to your health plan so they will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Healthcare Operations:** We may use and disclose health information about you in order to conduct our business and make sure that our patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Appointment reminders:** We may contact you as a reminder that you have an appointment for medical care at the office.

**Treatment alternatives:** We may tell you about treatment options or alternatives that may interest you.

**Health-related products and services:** We may tell you about health-related products or services that may interest you.

Please notify us if you do not wish to be contacted for appointment reminders, or about treatment alternatives or health-related products and services. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

**You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures that occurred before that time.**

**If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health-care operations, and we may therefore choose to discontinue providing you with health care treatment services.**

### **WE MAY USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR PERMISSION FOR THE FOLLOWING PURPOSES, subject to all applicable legal requirements and limitations.**

**To avert a serious threat to health or safety:** We may use and disclose health information about you to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

**Required by law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask your permission if the researcher will be able to identify you personally, or will be involved in your care at the office.

**Organ and tissue donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement for organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate such donation.

**Military, veterans, and national security and intelligence:** If you are or were a member of the armed forces, or were part of the national security or intelligence communities, we may be required by government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers compensation:** We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public health risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or to report death, birth, suspected abuse or neglect, non-accidental injuries, reactions to medications, or problems with products.

**Health oversight activities:** We may disclose health information to health oversight agencies for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and disputes:** If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information in response to a subpoena.

**Law enforcement:** We may release health information if asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

**Coroners, medical examiners, and funeral directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Information not personally identifiable:** We may use or disclose health information in a way that does not personally identify you or reveal who you are.

**Family and friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not object. We may also disclose health information to your family or friends if we can infer from the circumstances, based on professional judgment, that you would not object. For example, we may assume you agree to disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations when you are not capable of giving consent (because you are not present or due to incapacity or medical emergency), we may use our professional judgment to determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf, for example, to pick up filled prescriptions, medical supplies, or X rays.

#### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by the written authorization, but we cannot take back any uses or disclosures that have been made already. If we have HIV or substance abuse information about you, we cannot release that information without special written authorization from you.

#### **YOU HAVE THE FOLLOWING RIGHTS REGARDING HEALTH INFORMATION**

**Right to inspect and copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to your doctor in order to inspect and/or copy your health information. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed.

**Right to amend:** If you believe your health information is incorrect or incomplete, you may ask us to amend the information. To request an amendment, submit a written request to your doctor. We may deny the request for an amendment if it is not in writing and does not include a reason to support the request. We may deny your request if you ask us to amend information that,

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment;
- b) Is not part of the health information that we keep;
- c) You would not be permitted to inspect and copy;
- d) Is accurate and complete as it stands.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, and healthcare operations. To obtain this list, you must submit your request in writing to your doctor. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. You must submit your request in writing.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must make this request in writing. We will not ask the reason for your request, and will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You may ask us to give you a copy of this notice at any time.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with your doctor or with the Secretary of the Department of Health and Human Services.