

Summary Notice of Privacy Practices

THIS SUMMARY DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW PATIENTS CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THE SUMMARY. THE FULL NOTICE IS AVAILABLE UPON REQUEST.

Our practice is required by law to maintain the privacy of confidential information and to provide individuals with notice of its legal duties and privacy practices with respect to such information. We reserve the right to change the terms of notice and make the new notice provisions effective for all confidential information we maintain. We will provide written revised notice.

Uses and Disclosure of Protected Health Information (PHI)

- You will be asked to sign a consent form which permits us to use your PHI for treatment, payment and health care operations.
- Other uses of your PHI will be made only with your written authorization.
- We may disclose information to a person or persons you identify.
- We may disclose information in the event of an emergency and in a situation where we are unable to obtain consent from you due to your communication barriers.
- We may contact you to provide appointment reminders, test results, or information about treatment alternatives or other health related benefits and services. In the event of your absence, we may leave a message at your home or office unless otherwise advised by you.

Disclosures that may be made without your consent

- Required by law
- Public Health Issues
- Communicable diseases
- Health oversight
- Abuse or neglect
- Food and Drug Administration issues
- Legal proceedings in response to court order
- Law enforcement issues
- Coroners, Funeral Directors, and organ donation
- Research
- Criminal activity
- Military activity and National Security
- Worker's Compensation
- Inmates
- Required Users

Patient Rights

- Inspect and copy your protected health information
- Request restrictions of your protected health information
- Receive confidential communications by alternative means or at an alternative location
- Request amendment of protected health information
- Receive an accounting of certain disclosures made by us
- Obtain a paper copy of complete notice from us