NOTICE OF PRIVACY PRACTICES

We respect your privacy rights and responsibilities. This notice explains our practices for handling your health information and how we may use or disclose your personal information. If you have questions about this notice, please contact your health care provider.

1. Right to Request Special Privacy Protections.

You have the right to request that we limit our uses and disclosures of your health information for treatment, payment, or health care operations. You must make your request in writing and include a description of the specific limitation you are requesting. We must honor your request unless it would interfere with your treatment, payment, or our ability to operate our medical practice properly. We are required by law to maintain the privacy of your health information and to abide by the terms of the notice of privacy practices that we may have on file when you were last seen by one of our providers.

2. Payment.

We may use and disclose medical information about you without your consent in the course of payment. For example, we may disclose information about you to your insurance company as needed to be able to bill your insurance company or to collect your payment for services provided to you. We may also use and disclose medical information about you when permitted or required by law.

3. Right to Inspect and Copy.

You have the right to inspect and copy your medical information. You may inspect and copy any of your records that are written, or obtain a copy of those records by making a written request to the Privacy Officer. You must request in writing and include the name and address where you want the copies to be sent. We may charge you a fee for copying and mailing the records to you.

4. Right to Amend.

You have the right to request that your medical information be corrected or amended. If you feel that your medical information is incorrect or incomplete, you may request that we correct the information or add new information to your medical information record. You must request in writing and include the name and address where you want the records sent. Your request must state in detail the information you want to be amended and why you believe it should be amended.

5. Right to Request Confidential Communications.

You have the right to request that confidential communications be made to you by alternative means or at alternative locations. For example, you may ask us to communicate in writing instead of on your phone number or in a manner that avoids your employer.

6. Right to Appeal.

You have the right to appeal a denial of a request for review. If we deny your request, you may file a written statement of your disagreement with the decision. We may, in limited circumstances, make a decision to deny the request for access or amendment. If we deny your request to access your records, you will have a right to appeal our decision through additional review by a third party. If we deny your request to amend your records, you will have a right to appeal our decision through additional review by a third party.

7. Marketing.

We are not allowed to use or disclose your health information for purposes of marketing. If we use or disclose your health information for marketing purposes, you have the right to request that we stop marketing your health information. This right applies to all marketing communications that we make for our own products or services. This does not apply to communications that we make on behalf of another person who is involved with your care.

8. Sale of Health Information.

We will not sell or use your health information as a basis for deciding whether or not to sell your health information.

9. Requested by the Individual.

If you request that we disclose your health information to someone else, we will do so if you sign a written request. The request must specify the name of the person or entity to whom the information is to be disclosed. We must disclose the information to the person or entity as directed by the request.


We are allowed to disclose your health information if we have a duty to report or disclose it to public health authorities. For example, we may be required to report your name and contact information to public health authorities if you have a communicable disease.

11. Health Oversight Activities.

We are allowed to disclose your health information for health oversight activities. For example, we may be required to disclose your health information to insurance companies, to review the quality of our care, or to prevent or control the spread of disease.


We are allowed to disclose your health information if we have received a valid order or notice to do so, or if we are required to disclose it by law. For example, we may be required to disclose your health information to a court or administrative agency for purposes such as identifying or locating a suspect, fugitive, materials witness or missing person.

13. Research.

We may disclose your health information to researchers who have written authorization to conduct research with your health information. We may also disclose your health information to public health authorities for purposes related to: disease management program, or tell you about government sponsored health programs. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for marketing.

14. Test Results.

We may disclose your health information to your employer about your condition. We are also required by law to disclose your health information to public health authorities for purposes related to: disease management program, or tell you about government sponsored health programs. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for marketing.

15. Organ or Tissue Donation.

We may disclose your health information to health oversight agencies during a serious and imminent threat to the health or safety of a particular person or group. We will disclose your health information to health oversight agencies during a serious and imminent threat to the health or safety of a particular person or group.

16. Law Enforcement.

We may disclose your health information to law enforcement officials when we have received a valid order or notice to do so, or if we are required to disclose it by law. We may also disclose your health information to law enforcement officials when we have an obligation to do so.

17. Specialized Government Functions.

We may disclose your health information to coroners in connection with their investigations of deaths.

18. Identity Theft.

We may disclose your health information to a government agency to assist in stopping identity theft.

19. Health Programs.

We may disclose your health information to a community health program such as a government program that serves low-income individuals.

20. Audit.

We may disclose your health information to our third-party auditors or to an independent auditor when we have an obligation to do so.

21. De-identified Information.

We may use, disclose, or sell de-identified information that does not identify your identity or your medical condition.

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