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Notice of Privacy Practice
Summary

Our practice has a long-standing commitment to confidentiality and protecting the privacy of patient information, which includes any information related to your health, treatment or payment for your treatment that can identify you. Our privacy practices are in accordance with federal and state laws.

New federal legislation required that we have a "Notice of Privacy Practices". A copy of notice for our practice is attached. This notice explains how we protect your privacy, as well as your legal rights regarding your medical information. This is a brief summary of the content of the "Notice of Privacy Practices." It is not a complete listing of how we use and share your health information.

We may use and disclose your information without your consent:

- To provide treatment to you
- To coordinate your care with other providers
- To conduct standard health care operations business functions
- To bill and receive payment for the services we provide to you, including billing your insurance company or other party responsible for your bills
- To comply with pertinent government agency reporting requirements
- To meet other special reporting requirements as described in the Notice

(Note that information related to behavioral health, drug and alcohol services and AIDS/HIV are protected by additional state laws.)

We can share your health information with family and/or friends who you agree can have this information. To leave verbal information with family/or friends simply provide with whom we can speak with when completing page one of the patient registration forms.

Phone calls are placed to confirm all appointments about 1-3 days prior to your appointment date. A message will be left with general information about your appointment at our office, such as time and date on the answering machine/voicemail of the number provided. If you do not want any information left on the answering machine/voicemail, please document it by selecting "no" on page one of patient registration forms.

All other use of your health information will be made only with your specific written permission, or authorization.

You have the following legal rights regarding your health information:

- Right to see your medical record

- Right to have a copy of your medical record (there may be a charge for this)
- Right to ask for a list of who has seen your health information for any reason other than, treatment, payment, or other health care operation
- Right to ask for more restrictions of the use of your health information. (We are not required to agree to your request.)
- Right to ask for special confidential communication from our practice. (We are not required to agree to unreasonable requests.)
- Right to ask for a change to be made to your medical record
- Right to copy of our “Notice of Privacy Practices”
- Right to file a complaint if you feel your privacy was violated

If you have any questions, please contact our Privacy officer at 724-941-8838.

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