



## **HIPAA 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.**

This notice of privacy practices is not an authorization. Associates and subcontractors may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted are required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, Present or future physical or mental health condition I related health care services.

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

You're protected health information may be used and disclosed by your physician, our office staff and others outside of her office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose you're protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third-party. For example, you're protected health information may be provided to a physician to whom you have been referred to ensure that the physician has necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We May use or disclose, as needed, you're protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign in sheet at the registration desk where are you will be asked to sign your name and may use or disclose you're protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health related benefits and services that may be of interest to you. If we use or disclose your protected health information for fundraising activities, we will provide you to the choice to opt out of these activities. You may also choose to opt back in.



We may use or disclose your protected health information of falling situation without your authorization. The situation include has your card by law, public health issues has required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law-enforcement, corners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers compensation, inmates, and other require uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law we also may disclose you to protected health information when we acquired by the security of department of health and human services to investigate or determine our compliance with the requirements under section 164. 500.

### **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

**Other permitted and required uses and disclosures** will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose more cycle therapy no it's contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

**You may revoke the authorization**, at any time, in writing, except to the extent that your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **YOUR RIGHTS**

The following statements of your rights with respect to protected Health information.

**You have the right to inspect and copy you're protected health information (fees may apply)-** Pursuant to your written request you have the right to inspect or copy you're protected health information weather in paper or electronic format. Under federal law, however, you may not inspect a copy the following records: psychotherapy notes, information complied and reasonable anticipation of, or used in, A civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information who is disclosure may result in a harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your protected health information-**This means you may ask us not to use or disclose any part of your protective health information for the purposes of treatment, payment or healthcare operations. You may also request any part of your protected health information not be this close to family members or friends who may be involved in your care or for notification purposes had described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your



physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

**You have the right to request to receive confidential communications-** You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You have the right to request an amendment to your protected health information-** If we deny your request for amendment, you have the right to file a statement of this agreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures-** You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to January 7, 2019 or six years prior to the date of the request.

**You have the right to receive notice of a breach-** We will notify you if your protected health information has been breached.

**You have the right to obtain a paper copy of this notice** from us even you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you also change it on the following appointment. We will also make available copies of a new notice if you wish to obtain one.

## **COMPLAINTS**

You may complain to us or the secretary of health and human services if you believe your privacy rights have been violated by us. You may file complaint with us by notify our compliance officer of your company. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our Office Manager in person or by phone at our main phone number. Please sign the accompanying "Acknowledgment" form. Please note that by signing the acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our notice of privacy practices.