

Notice of Privacy Practices Summary

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide medical or enable other health care providers to provide medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this office properly. We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This summary of the Privacy Practices lists how we may use and disclose your medical information. It also lists your rights and our legal obligations with respect to your medical information. If you have any questions about the Notice, please feel free to ask.

A. How This Office May Use or Disclose Your Health Information

This office collects health information about you and stores it in a chart and/or computer. This is your medical record. The law permits us to use or disclose your health information for the following purposes.

1. Treatment
2. Payment
3. Health Care Operations
4. Appointment Reminders
5. Notification and communication with family
6. Required by law
7. Public health
8. Health oversight activities
9. Judicial and administrative proceedings
10. Law enforcement
11. Coroners
12. Organ or tissue donation
13. Public Safety
14. Specialized government functions
15. Workers compensation
16. Change of ownership

B. When This Office May Not Use or Disclose Your Health Information.

Except as described in this Notice of Privacy Practices, this office will not use or disclose health information which identifies you without your written authorization. If you do authorize this office to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections
2. Right to Request Confidential Communication
3. Right to Inspect and Copy
4. Right to Amend or Supplement
5. Right to an Accounting of Disclosures
6. You have a right to a paper copy of the complete Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, you may contact this office.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised notice will apply to all protected health information that we maintain, regardless of when it was created or received. A copy will be available.

E. Complaints

Complaints about this Notice of Privacy Practices or how this office handles your health information should be directed to the licensed healthcare professional.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to

Department of Health and Human Services
Office of Civil Rights
Room 509F HHH Building G
200 Independence Ave., S.W.
Washington, DC 20201

You will not be penalized for filing a complaint.

EFFECTIVE: April 14, 2003
until superceded or cancelled

Please Sign that you have read the above:
