

NOTICE OF PRIVACY PRACTICES

This practice is required by law to protect the privacy of our patients.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We will not release your health information for any other purpose than which is identified in this notice.

If you have any questions about this notice, please contact our office.

1. Uses and Disclosure of "Protected Health Information" (PHI)

We will:

- Use your PHI to treat you
- Disclose your PHI to others involved in treating you such as hospitals, laboratories, pharmacies, and other physicians.
- Supply your insurance company with PHI as needed to receive payment for services rendered to you.
- Use your PHI for office operations, such as, training students, evaluating the quality of our care and marketing our services to you. We may use sign in sheets at our reception window. We may call your name in the waiting room. We may contact you by telephone to remind you of an appointment or to report test results. We may send postcards as reminders for appointments. We may have a transcription service type your record.
- Release your PHI to public officials, law enforcement, federal agencies, and/or public health agencies as required by law.

NOTE: You must authorize other disclosures of your PHI in writing and you may revoke the authorization at any time.

2. Your Rights Related to Your Protected Health Information

You may:

- Request in writing that this practice refrain from using or disclosing your PHI at any time. However, we may choose to refuse your restrictions if they prevent our providing quality healthcare.
- Inspect and receive a copy of your PHI with a few restrictions. Please contact our office for more details.
- Make written request that we communicate with you by alternative means or alternate location.
- Make a written request that we amend your PHI. We may deny your request if we explain the denial.
- Request information regarding who has received your PHI and why. For details, see our office.

3. Complaints

You have the right to complain to the Secretary of Health and Human Services or to the PCW Program Director if you believe we have violated your privacy rights.

- Your complaint must be in writing.
- All complaints will be investigated.
- Under NO circumstances will you be retaliated against for filing a complaint.

4. Miscellaneous

- This “Notice” is in affect Oct 1, 2008.
- This practice reserves the right to change this notice and apply the changes to existing PHI. You may request a copy of the latest revision at any time.