



## **NOTICE OF PRIVACY PRACTICES**

### **OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your IIHI

Your privacy rights in you IIHI

Our obligations concerning the use and disclosure of your IIHI

### **YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you.

**CONFIDENTIAL COMMUNICATIONS** – You have the right to request that our practice communicate with you about your health and related issues in a particular manner or certain location. For instance, you may ask that we contact you at home, rather than work. You must make a written request specifying method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.

**REQUESTING RESTRICTIONS** – You have the right to request a restriction of you IIHI for treatment, payment or health care operations. Additionally, you have the right to request that restrict our disclosure of you IIHI to only certain individuals involved in your care or payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is required to treat you. You must make your request in writing.

## **INSPECTION AND COPIES -**

You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your IIHI. Our practice may require a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain instances; however, you may request a review of our denial.

AMENDMENT – You may ask us to amend you health information if you believe it to be incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request and amendment, you must do so in writing and must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that in our opinion is (a) accurate and complete; (b) not part of the IIHI kept by and for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

## **RIGHT TO FILE A COMPLAINT –**

If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint with our office, please do so in writing.

Any authorization you provide to us may be revoked at ANY time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for reasons described in the authorization. Please note: We are required to retain records for your care.

We may use and disclose your IIHI in the following ways:

TREATMENT

PAYMENT

APPOINTMENT REMINDERS

TREATMENT OPTIONS

HEALTHCARE OPERATIONS

DISCLOSURES REQUIRED BY LAW

PUBLIC HEALTH RISKS

RESEARCH

*Optional:*

Deceased Patients

Serious Threats to Health or Safety

Military

National Security

Inmates

Worker's Compensation