

## **PATIENT PRIVACY NOTICE**

THIS ABBREVIATED NOTICE BRIEFLY DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to personnel who are involved in taking care of you.

**For Payment:** We may use and disclose health information about you so that the services you receive from us may be billed to insurance carriers and payment collected.

**For Health Care Operations:** We may use and disclose health information about you for operations that are necessary to run our practice.

**Health-Related Service and Treatment Alternatives:** We may use and disclose health information to tell you about health-related services.

**Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by command authorities or the Department of Veterans Affairs.

**Workers' Compensation:** We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose health information to a health oversight agency as authorized by law.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order, etcetera.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information.

**Right to an Accounting of Disclosures:** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or a certain location.

**Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of the entire PHI Privacy notice at any time.

*We reserve the right to change this notice at any time. We will post a copy of the current notice in our facility.*

**If you would like a complete copy of the Protected Health Information Privacy Notice, please ask the Patient Coordinator**

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Patient Signature

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Date