

Notice of Privacy Practices

This notice describes our office's policy for how health information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. Please review it carefully.

We are required by law to provide you with this notice to explain our privacy practices with regard to your health information. This document describes how we may use and disclose your protected health information (PHI) for treatment, payment, healthcare operations, and other purposes permitted or required by law. Your rights with respect to your protected health information are also described in this notice.

We are committed to protecting patient confidentiality and have attempted to outline our policies as clearly as possible through this document. However, should you have any questions after reading through it, we encourage you to contact your practitioner for any desired clarifications.

Effective Date

This Notice of Privacy Practices became effective on January 1, 2020.

Right to Amend This Notice

We reserve the right to change the provisions of our Notice of Privacy Practices and make new provisions for the privacy of the protected health information we maintain. Any and all such changes will be effective for all health information that we maintain, including health information created or received before changes to the policy are made. However, should we make changes to this policy, we will update this notice and make it available upon request.

What is Protected Health Information (PHI)?

Protected health information is individually identifiable health information we obtain or generate in providing our services to you. Such information may include documenting your symptoms, examination results, test results, diagnoses, treatments, and applying for future care or treatment. It also includes billing documents for those services.

USE & DISCLOSURES OF HEALTH INFORMATION

The health and billing records we maintain are the physical property of our practice. The information contained in those records, however, belongs to you.

We use and disclose health information about you for treatment. For example:

Treatment: We may use or disclose your health information to a physician or other health care provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include records management systems, scheduling systems, accounting systems, response to patient inquiries, quality assessment and improvement activities, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, and may disclose your health information to a family member, friend or other person involved in your treatment to the extent necessary to help with your healthcare, but only if you agree that we may do so. Please be sure to ask your practitioner for the proper forms should you want this.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location or general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up herbal prescriptions or copies of requested medical records, to the extent applicable.

Marketing Health-Related Services: We will not use your health information for marketing communications without your authorization. We never sell client information.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or a possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, emails, texts, postcards, or letters).

Access: On your written request, we will provide you with copies of your health care records. We may impose a reasonable charge for rendering such service.

Disclosure Accounting: You may have the right to receive a list of instances in which your health information was disclosed for purposes other than treatment or certain other activities for the last 6 years.

Restriction: You may request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You may request that we communicate with you about your health information by alternative means or to alternative locations. We may agree to reasonable requests.

Amendment: You may request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request but, if we do, we will provide written explanation as to why.

Worker's Compensation: We may use and disclose your protected health information to Worker's Compensation or similar programs that provide benefits for work-related injuries or illnesses, for your compensation.

Research and Education: We may use and disclose your protected health information for the purposes of teaching or education or for the purposes of research. In the event that we do so, any names or information that may personally identify you will be omitted.

Ask Us To Limit What We Use or Share: You can ask us not to use or share certain health information for treatment, payment, or our operations. However, we are not required to agree to your request and may say "no" if we feel it would affect your care.

QUESTIONS & COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision that we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice.

We will make every attempt to address your concerns and to answer your questions as best as possible. However, if you still have concerns, you may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Patient Rights

- **Upon written request you have the right to access, review or receive copies of your healthcare records.** Exceptions are: 1) psychotherapy notes; 2) information we gather in preparation of an administrative action or proceeding; 3) data that is subject to certain provisions of the Clinical Laboratory Improvements Act. We may deny your request (in writing) under certain limited circumstances. Generally, if we agree to provide you with a copy of your records, we will do so within 15 days after you ask for it. We will charge you a reasonable, cost-based fee for the records.
- **Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.** We are required to give you that data except for any use or disclosure: 1) for treatment, payment and/or health care operations; 2) made with your authorization; 3) that we make to you; 4) for any national security or intelligence purposes; 5) made before April 14, 2003; or 6) that does not require your authorization. We will provide this data for you (generally within 60 days) at no charge once each year, but after that, we will require that you pay a reasonable fee-based charge for the information.
- **You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.** You may ask that we limit the use and disclosure of your protected health information; we are not required to accept your request. If we do agree, however, we will do as you wish except in an emergency. You may submit your request to us in writing and tell us: 1) what information you want us to limit 2) how you want us to limit that data and 3) to whom we are to limit the access to this data.
- **You have the right to request that we amend your Protected Health Information; the request must be in writing.** We have the right to deny that request if you ask about medical information that 1) was not created by any of our practitioners; 2) the information is not part of the medical or billing records; 3) is not part of the records you may access or 4) the medical information is accurate and complete. We may ask that you tell us, in writing, why you want us to amend your medical information. Generally, we must act upon your request within 60 days after receipt of your request. If we agree to your request, we must make the appropriate amendment and follow the law regarding how and whom we inform about this amendment. If we do not agree, then we will tell you our reasons. You then have additional rights, including an appeal (by someone who did not participate in the decision not to allow you to amend your record) and you have the right to submit a written statement of disagreement.
- **You have a right to receive all notices in writing.**
- **You have the right to receive confidential communication by alternative means or at alternative locations.** Please make this request in writing to our Office. We will agree, so long as your request is reasonable, but you must tell us how to communicate with you and you must give us a complete address or contact information.

This notice is effective as of January 1, 2020. From time to time, we may revise our Notice. If we do, we will post the most current version in our office, and you may ask for a copy of the Notice at any time.