



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED OR DISCLOSED, AND HOW YOU CAN ACCESS YOUR MEDICAL INFORMATION

Patient's Rights and Uses and Disclosures of Health Information

We may use or disclose your health information for the following reasons:

- Personal health information and clinical records may be disclosed to another health care provider or hospital.
- Health care billing records may be disclosed to another party, such as an insurance carrier or your employer, if they are responsible for payment of your services.
- Name, address, phone number, and health care records may be used to contact you regarding appointment reminders. If you are not at home, we may leave a message. You have the right to refuse authorization to contact you.

Under federal law, we may also disclose your health information without your consent under the following circumstances:

- In providing health care services based on the orders of another health care provider.
- In an emergency.
- If we are required by law to provide care and are unable to obtain your consent.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intended for us to provide care.
- If we are ordered by court or other appropriate agency.

Any use or disclosures of your protected health information, other than outlined above, will only be made upon your written authorization. You have the right to inspect and/or copy your health information. You have the right to request an amendment to your health information. Requests to inspect, copy, or amend your health related information should be provided in writing. You have the right to receive an accounting of disclosures of your protected health information.

We are required by State and Federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have received a copy of the notice of privacy practices. (You may refuse to sign this acknowledgement).

Today's Date: _____

Patient's Signature: _____

Patient's Printed Name: _____