

NOTICE OF PRIVACY PRACTICES – Brief Version

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy. This practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This pamphlet is a shorter version of the full, legally required NPP which you received along with this, so refer to it for more information. However, we can't cover all possible situations so please talk to me about any questions or problems you may have.

We will use the information about your health which we get from you or from others mainly to provide you with treatment, to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. **If you do not consent and sign this form, we cannot treat you.**

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this.

We keep your health information private but there are some times when the laws require us to use or share it:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these which don't happen very often. They are described in the NPP longer version.

Your rights regarding your health information.

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. You can ask us to call you at home, and not at work, for example.
2. You have the right to ask us to limit what we tell those involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, an emergency, or if the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we must charge you.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to change your health information. You have to make this request in writing and state the reasons.
5. You have the right to a copy of this notice. If we change this NPP, we will post the new version and you can always get a copy.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.