NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

We have an obligation to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices when requested.

Federal law provides that we may use your protected health information (PHI) for your Treatment without further notice to you, and without further written authorization by you. (i.e. forwarding lab work to a doctor that we may be referring you to.)

Federal law provides that we may use your medical information or disclose your medical information to obtain the following:
- Payment for our services (i.e. submission of your diagnosis to your insurance)
- Health care operations (i.e. audits by our accountants)
- When required for public health purposes to avoid health or safety threat
- When required by law an agency such as Department of Health
- When required by law in judicial or administrative proceedings
- When required by law for law enforcement purposes

You have the right to:
- Request restriction on certain uses or disclosures described above. However, we are not required to agree to such restriction.
- Obtain copies of your medical information
- Request an accounting of any disclosures, we make of your medical information with the exception of disclosures we make to you, or in order to carry out treatment, payment or health care operations

We may contact you by mail or phone to remind you of appointments or to provide information about treatment. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence. If you have a preference, please check below:

( )Home_____   ( )Work_____   ( )Cell_____

The people listed below have permission to speak to the physician with regard to my treatment.

_____

_____

My signature below represents that I have read this Notice of Privacy Practices.

_____   _____   _____
Signature   **Print Name**   **Date**