



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, the law allows us to provide the minimum necessary information to only those we feel are in need of your health care information for treatment, payment, or health care operations, in order to provide health care that is in your best interest. We will obtain written authorization from you for any other uses or disclosures of your health information. If you provide us with an authorization, you may revoke that authorization, in writing, at any time, however we will not be able to take back any disclosures already made based on your original permission.

We also want you to know that we support your access to your personal medical records. Except under certain circumstances, you have the right to inspect and copy your medical and billing records. If you ask for copies, we may charge you a fee for copying and mailing. If you believe information in your records is incorrect or incomplete, you may ask for a correction. Under certain circumstances, we may deny your request.

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by the law. Your request must be in writing. We will consider your request but are not required to accept it.

You have the right to ask for a list of instances when we have disclosed your medical information for reasons other than your treatment, payment, or health care operations. Your request must be in writing and must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates prior to April 14, 2003. A fee may be charged if you ask for this information more than once every twelve months.

If you have questions or wish to obtain more information about this notice, please ask to speak with our Privacy Officer. You may also contact the Secretary of the Department of Health and Human Services at 200 Independence Ave. SW, Room 509F Washington DC 20201.

Print Name: _____

Signature: _____ Date: _____

