

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The Health insurance Portability and Accountability Act of 1996(HIPAA) requires all healthcare records and other individually identifiable health information used or disclose to us in any form, whether electrically, on paper, or orally, be kept confidential. This federal law gives, the patient, significant new right to understand and control how you health information is HIPAA provides penalties for covered entities that misuse personal health information. As require by HIPAA, we have prepared this explanation how we are required to maintain the privacy of you health information and how we may use and disclose you health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health care operations.

Treatment means providing, coordination, or managing health care and related services by one or more health care provides.

Payments means such activities as obtaining reimbursement for services, confirming coverage, bill or collection activities and utilization review.

Health Care Operations include the business aspects of running our practice.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment alternatives or health-related services. Any other uses and disclosures will be made only with your written authorization.

You may revoke such authorization in writing and we are required to honor and abide by written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our office at the address listed below:

The right to request restrictions on certain uses and disclosures of protected health information.

The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to access, inspect, copy, and amend you protected health information.

The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practice with respect to protected health information.

This notice is effective as of April 16, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of Our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practice will be posted on the effective date and you many request a written copy of the Revised Notice from this office.

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