

PRIVACY NOTICE

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

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by me in one or more of the following respects.

- To other health care providers (i.e., your physician) in order to coordinate your care.
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payments, etc.).
- Voice-mail or other contact to you related to appointment reminders or other services that may be of interest to you.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have a right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information.
- Request confidential communication of your protected health information.
- Inspect and obtain copies of your protected health information.
- Amend or modify your protected health information in certain circumstances.
- Receive an accounting of certain disclosures made by me of your protected health information.
- You may, without risk of retaliation, file a complaint as to any violation by me of your privacy rights with me or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

I have the following duties under the Privacy Rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth my legal duties and privacy practices with respect to such information.
- To abide by the terms of this Privacy Notice that is currently in effect.
- To advise you of my right to change the terms of the Privacy Notice and to make the new notice provisions effective for all protected health information maintained by me, and that if I do so, I will provide you with a copy of the revised Privacy Notice.

Please note that I am not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information.
- Amend your protected health information if. For example, it is accurate and complete.
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

To further communication, and to fulfill my legal responsibilities, I want you to understand how I protect and use your identification, payment and health information. The law, through HIPAA, more clearly defines your rights, and I want to make sure that you understand your rights and my policies concerning this information.

Your signature on the statement of Policy and Procedures is an acknowledgement that you have received this notice. If you have any questions, please let me know.