



Patient Name: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

### Typical Uses and Disclosures of Health Information

We will keep your health information confidential, using it only for the following purposes:

- **Treatment:** We may use your health information to provide you with our professional services. We have established privacy practices to assure non-essential persons do not view your information. By signing below, you acknowledge that our clinic also contains a medical research facility, and my contact & medical information may be released in order to provide me with new treatment options.
- **Disclosure:** We may disclose your healthcare information with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy also. Information may also be shared with your family, friends and/or other persons you choose to have involved in your care, only if you agree that we may do so. If you wish to restrict information, please let us know in writing: 1) the information you wish to have restricted 2) whom you want the limits applied to.
- **Payment:** We may use and disclose your health information to seek payment for services we provide you. This may include our business office staff and, or other businesses involved in the process of mailing statements and/or collecting unpaid balances.
- **Emergencies:** We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of emergency involving your care, your location, your general condition or death. You may designate an emergency contact and we will use our professional judgment to determine which information will be disclosed.
- **Healthcare Operations:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, database managers, outside health or management reviewers and individuals performing similar activities.
- **Required by Law:** We will disclose your healthcare information where required by law, court or administrative orders, subpoena, discovery request, or other lawful process. Also, for the use as requested lawfully by national security, intelligence and other State and Federal officials, and/or if you are an inmate.
- **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes, or if you are homicidal or suicidal. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.
- **Public Health Responsibilities:** We will disclose your healthcare information to report problems with products, reactions to medications, product recalls, disease or infection exposure and to prevent and control disease, injury or disability.
- **Marketing/Research:** We will not use your health information for marketing or research purposes without your written authorization to do so.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, including but not limited to, voicemail messages, postcards or letters.
- **Access:** You may inspect and receive copies of your health information, or that of an individual for whom you are a legal guardian. There may be a small fee for copies and postage and we may request you make an appointment to review your chart. If you wish any of your health information to be amended, you must submit your request in writing with an explanation of why you feel it should be changed. Under certain circumstances, your request may be denied.
- **Complaints:** You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This document describes how your health information may be used or given to others. It also explains how to access this information.  
Please review it carefully - you may request a copy of this document at any time.*