

**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.

Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. **This notice takes effect April 14, 2003.** We reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request. You may request a copy of this notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION: **PLEASE NOTE: We will not disclose any information without your written consent.**

Treatment - We may use your health information for treatment or disclose it to another health care provider who will be providing treatment for you.

Payment - We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

Health Care Operations - We may use and disclose your health information for our health care operations such as quality assessment and improvement activities, protocol development, training programs and accreditation, certification or licensing activities. We may also disclose your information to detect or prevent health care fraud and abuse.

On Your Authorization - You may give us written authorization to use your health information or to disclose it to anyone for any purpose.

To Your Family and Friends - We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

Appointment Reminders - We may use or disclose your health information to provide you with appointment reminders such as voice mail messages, postcards or letters.

Public Benefit - We may use or disclose your health information as authorized by law to assist in disaster relief efforts, public health activities, abuse and neglect reporting, workers compensation, Food and Drug administration, church ministries, law enforcement, judicial proceedings and for specialized governmental functions.

**PATIENT RIGHTS**

Access - You have the right to look at or get copies of your health information.

Disclosure Accounting - You have the right to receive a list of instances in which we or our business associates disclosed your health information.

Restriction - You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in an emergency.

Alternative Communication - You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations.

Amendment - You have the right to request in writing that we amend your health information. Your request must explain why we should amend the information. We may deny your request under certain circumstances.

I acknowledge that I have read and/or received a Notice of Privacy Practices from the above-named practice.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent/Guardian (if minor): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Relationship to Patient: \_\_\_\_\_

Please note: This form must be completed for each patient.

***Please review and sign reverse side of this form also.***