

# **HIPAA Notice of Privacy Practices**

**PLEASE READ THE FOLLOWING CAREFULLY**

Your right to privacy in this medical practice is paramount and we will never disclose any of your personal information without your express consent, unless required to do so by law.

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

Our provider will acquire private information about their patients. This is confidential and will not be discussed outside the office, except in cases where you have given express permission for us to do so, or in cases where we need to communicate with your other health care providers in order to coordinate your health care. This is so the practitioner may discuss your medications, problems or concerns with your other healthcare professionals for purposes of coordinating, or continuing your care. For example, your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.

Your health care records, as well as your billing records, may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are, or may be, responsible for payment of services provided to you. We are not responsible for any disclosures by any of the above agencies that occur after we release information to them.

Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you. You have a right to confidential communications and to request restrictions relative to such contacts, or contact by alternative means.

Additionally, we may be required to disclose your health information in the following circumstances: In the event of an emergency; if required by law; if there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care; if ordered by the courts, government authorities, public health, law enforcement, coroners, or funeral directors; in the event of organ donations, research, military activity, or for national security.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

If you would like copies of records, you must submit a request for copies of medical records at least 5 business days in advance. There is no charge for copying records the first time you request. Any additional copy requests will be a charge of \$15.