

NOTICE OF PRIVACY

THIS NOTICE DETAILS HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), is a federal program which requires that all medical records and all other pertinent individualized health information used or disclosed by any healthcare facility/provider in any form, whether by paper, orally, or electronically, be kept confidential at all times. This ACT gives patients new rights allowing patients to control how their health information is kept and used. Misuse of this personal health information (PHI) will result in penalties from HIPAA.

As required by HIPAA, this statement will explain how we are required to maintain privacy of all health information and how we can use and disclose this information.

Your medical record/health information may only be used and/or disclosed for the following reasons: TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS.

We may also re-identify all health information by removing any references that have identifiable individual information.

Any other type of disclosures will only be allowed after your written consent is obtained.

****YOU HAVE THE FOLLOWING RIGHTS TO YOUR PROTECTION OF HEALTH INFORMATION. YOU MAY AT ANY TIME EXERCISE THESE RIGHTS BY FILING A WRITTEN REQUEST TO OUR OFFICE:**

- > The right to request restrictions of certain uses/disclosures of your health information.
- > The right to review and/or obtain a copy of your health information.
- > The right to amend your health information.
- > The right to receive an account of all disclosures of your health information.
- > The right to obtain a copy of this notice at any time.

We are required by law to maintain the privacy of your health information, and to provide you with notice of our legal privacy practices in regards to your private healthcare information.

This notice shall serve effective as of the DAY OF APRIL, 2003. We are required to abide by the terms of this Privacy Notice. We maintain the right to change the terms of this Privacy Notice at any time. You have the right to request a current copy of this Privacy Notice at any time.

You have rights protecting your privacy; if you feel that these rights have been violated, you have the right to file a written complaint for any violations of this Privacy Notice.

If you need further information on HIPAA, or to file a complaint, please contact our office or:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington D.C., 20201
(202) 619-0257
Toll Free: 1-877-696-6775