

Notice of Privacy Practices

This Notice of Privacy Practices explains how your medical information may be used and disclosed, as well as your rights regarding your health information under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. "Protected health information" (PHI) refers to data about you, including demographic details, which may identify you and pertains to your past, present, or future physical or mental health, condition, and associated healthcare services. We recognize that your medical information is of a personal nature, and we are dedicated to safeguarding it. The records we maintain regarding the care and services you receive are essential to ensure we deliver the highest quality care while adhering to specific legal requirements. Please take a moment to review this notice carefully.

Uses and Disclosures of Health Information

Treatment: We may use your health information to provide, coordinate, or manage your medical care and treatment. This may include sharing your information with healthcare professionals involved in your care.

Payment: We may use and disclose your health information to bill and collect payment for the services we provide to you. This may include sharing your information with insurance companies or other third-party payers.

Health Care Operations: Your health information may be employed as needed to support our daily operations and management. This may include using information about the services you received for budgeting, financial purposes, complying with legal requirements, and participating in government-mandated reporting.

Required by Law: We may use or disclose your health information when required by law, such as reporting certain diseases to public health authorities.

Legal Proceedings: Your health information may be disclosed in response to a court order, subpoena, or other legal process.

Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws.

Public Health Reporting: We may disclose your health information to public health agencies as mandated by law. For example, certain communicable diseases must be reported to the state's public health department in accordance with legal requirements.

Appointment Reminders: We may contact you to remind you of upcoming appointments, tests, or follow-up care.

Other Uses and Disclosures Requiring Your Authorization: Any disclosure or use of your health information for purposes not mentioned above necessitates your explicit written authorization. If you later change your mind after granting authorization for the use or disclosure of your information, you may submit a written revocation of the authorization. Note that our decision to revoke the authorization will not impact or reverse any prior use or disclosure of your information that occurred before we received notice of your decision.

Our Responsibilities

- We are legally obligated to uphold the confidentiality of your protected health information and to furnish you with this notice regarding privacy practices. We are also obligated to adhere to the privacy policies and procedures specified in this notice.
- In accordance with applicable laws, we retain the authority to revise or adjust our privacy policies and procedures. These modifications in our policies and practices will be applicable to all protected health information under our custody and will be accessible at our facility upon your request.
- In compliance with federal regulations, we require that requests for the inspection or copying of protected health information be submitted in writing.

Your Rights Regarding Your Health Information:

- **Right to Request Amendments:** If you believe that your health information is incorrect or incomplete, you have the right to request corrections or amendments.
- **Right to an Accounting of Disclosures:** You can request a list of the disclosures we have made of your health information.
- **Right to Request Restrictions:** You have the right to request restrictions on how your health information is used and disclosed.
- **Right to Request Confidential Communications:** You can request that we communicate with you in a specific manner or at a specific location.
- **Right to a Paper Copy:** You have the right to request a paper copy of this Notice of Privacy Practices.

Complaints

If you have any questions or concerns about this Notice of Privacy Practices or our privacy practices, please contact our Privacy Officer:

Acknowledge Receipt of Notice of Privacy Practices

Our Privacy Practices Notification offers details on how we might utilize and share your protected health information (PHI). This notice includes a section outlining your patient rights as per the law. You possess the right to request restrictions on how we use or disclose your PHI.

By signing our Privacy Practices Notification document, you grant your consent for us to utilize and disclose your protected health information for the purposes of treatment, payment, and healthcare operations. Your signature also confirms that you have received a copy of our Privacy Practices Notification.

Signature of Patient or Patient's Representative

Date

Printed Name

Representative's Relationship to Patient