YOUR INFORMATION. YOUR RIGHTS.
OUR RESPONSIBILITIES.
This notice describes how medical information about
you may be used and disclosed and how you can get
access to this information. Please review it carefully.

YOUR RIGHTS
When it comes to your health information, you have
certain rights. This section explains your rights and
some of our responsibilities to help you.

Get an electronic or paper copy of your medical
record
You can ask to see or get an electronic or paper copy
of your medical record and other health information we
have about you. Ask us how to do this.
We will provide a copy or a summary of your health
information, usually within 30 days of your request. We
may charge a fee.

Ask us to correct your medical record
You can ask us to correct health information about you
that you think is incorrect or incomplete. Ask us how to
do this.
We may say “no” to your request, but we’ll tell you why
in writing within 60 days.

Request confidential communications
You can ask us to contact you in a specific way (for
example, home or office phone) or to send mail to a
different address.
We will say “yes” to all reasonable requests.

Ask us to limit what we use or share
You can ask us not to use or share certain health
information for treatment, payment, or our operations.
We are not required to agree to your request, and we
may say “no” if it would affect your care.
If you pay for a service or health care item out-
of-pocket in full, you can ask us not to share that
information for the purpose of payment or our
operations with your health insurer.
We will say “yes” unless a law requires us to share that
information.

Get a list of those with whom we’ve shared
information
You can ask for a list (accounting) of the times we’ve
shared your health information for six years prior to the
date you ask, who we shared it with, and why.
We will include all the disclosures except for those
about treatment, payment, and health care operations,
and certain other disclosures (such as any you asked us
to make). We’ll provide one accounting a year for free
but will charge a reasonable, cost-based fee if you ask
for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any
time, even if you have agreed to receive the notice
electronically. We will provide you with a paper copy
promptly.

Choose someone to act for you
If you have given someone medical power of attorney
or if someone is your legal guardian, that person can
exercise your rights and make choices about your
health information.
We will make sure the person has this authority and can
act for you before we take any action.

File a complaint if you feel your rights are violated
You can complain if you feel we have violated your
rights by contacting us using the information on the
bottom of this page.

YOUR CHOICES
For certain health information, you can tell us your
choices about what we share. If you have a clear
preference for how we share your information in the
situations described below, talk to us. Tell us what you
want us to do, and we will follow your instructions.
In these cases, you have both the right and choice
to tell us to share information with your family, close
friends, or others involved in your care.
If you are not able to tell us your preference, for
example if you are unconscious, we may go ahead and
share your information if we believe it is in your best
interest. We may also share your information when
needed to lessen a serious and imminent threat to
health or safety.
OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

• We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your service

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

• Preventing disease
• Helping with product recalls
• Reporting adverse reactions to medications
• Reporting suspected abuse, neglect, or domestic violence
• Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

• For workers’ compensation claims
• For law enforcement purposes or with a law enforcement official
• With health oversight agencies for activities authorized by law
• For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.