

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.

This is information made available to all patients. This notice describes how medical information about you may be used and disclosed and how you may have access to this information. Please review it carefully. His notice applies to all of the records of your care generated by this practice, whether made by the practice or an associated facility. This notice describes our practice's policies, which extend to: Any health care professional authorized to enter information into your chart (including physicians, PAs, RNs, etc.); All areas of the practice (front desk, administration, billing, and collection, etc.); All employees, staff and other personnel that works work for or with our practice; Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on. The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Our Thoughts About Your Protected Health Information: We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements. We are required by law to: make sure that the protected health information about you is kept private; provide you with Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and follow the conditions of the Notice that is currently in effect.

How we may use and disclose medical information about you: The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only. Medical Treatment: We use previously given medical information about you to provide you with current or prospective medical treatment services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including your record(s), prescriptions requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatments options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the practice who may be involved in your medical care after you leave the Practice; this may include your family members, or others we use or to whom we refer you to provide services that are part of your care. Unless clearly instructed to the contrary, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps to pay or pays for your care. Payment: We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell our health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.