NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health records and other individually identifiable health information used or disclosed by our office be kept confidential. This law gives you important rights regarding your health information and provides penalties for misuse. Without your written authorization, we may use and disclose your health information for: • Treatment – Providing, coordinating, or managing your health care and related services. • Payment – Obtaining reimbursement, verifying coverage, billing, collections, and utilization review. • Health Care Operations – Quality assessment, training, licensing, accreditation, and business operations. Unless you request otherwise, we may disclose information to family members, friends, or others involved in your care or payment for your care when appropriate. We may use your information to: • Remind you of appointments. • Recommend treatment alternatives. • Inform you of health-related benefits and services. • Comply with public health requirements, court orders, law enforcement requests, military authorities, correctional institutions, and reports of abuse, neglect, or domestic violence when required by law. Any other use or disclosure requires your written authorization. You may revoke that authorization at any time in writing, except where action has already been taken in reliance upon it. YOUR RIGHTS You have the right to: • Request restrictions on certain uses and disclosures of your protected health information. • Request confidential communications by alternative means or locations. • Access, inspect, and obtain copies of your health information (reasonable fees may apply). • Request amendments to your health information. • Receive an accounting of disclosures made outside treatment, payment, or health care operations. • Obtain a paper copy of this notice, even if you have agreed to receive it electronically. OUR RESPONSIBILITIES We are required by law to maintain the privacy of your protected health information and provide you with this Notice of Privacy Practices. We must follow the terms of the notice currently in effect. We reserve the right to revise this notice and make the revised notice effective for all protected health information we maintain. Updated notices will be available upon request. COMPLAINTS If you believe your privacy rights have been violated, you may file a written complaint with our office or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint. Effective Date: April 14, 2003