



This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Our Privacy Commitment

The protection of the privacy of your health information is important to us. In addition, we are required by law to maintain the confidentiality of your health information and provide you with this Notice of our privacy practices.

How We May Use and Disclose Your Health Information

We are permitted to use and disclose your health information for treatment, payment, and health care operations, as described below.

Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment: Your health information may be used by us and other health care professionals involved in your treatment to obtain payment from you, your insurance company, and other sources of coverage or payment.

Health Care Operations: We use health information to evaluate and promote the quality of care and service provided to you and to support regular business activities.

Appointment Reminders and Health Related Benefits and Services: We may send you newsletters or announcements containing information you may find interesting about us or our **services**.

Friends/Family: We may also disclose information to family or other representatives involved in your care or payment for your care, provided you do not object.

Public Health: We may use your health information for public health reporting purposes such as reporting communicable and other diseases and injuries permitted by law, reporting child or elder abuse or neglect, reporting work-related illnesses.

Governmental & Legal: We may provide your health information to law enforcement agencies to support government audits and inspections to facilitate investigations, health oversight activities, or to comply with government-mandated reporting, court orders, and subpoenas, or for national security.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or law enforcement official, we may release Health Information to the correctional institution or law enforcement official.

Organ/Tissue Donation: We may disclose your health information for the purpose of organ and tissue donations.

Workers Compensation: We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Your Individual Rights

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this Health Information, you must make your request, in writing to Bonnie Dingler. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances, If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your Protected Health Information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Out-of-Pocket-Payments: If you paid out-of-pocket (in other words, you requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Bonnie Dingler.

Right to Request Restrictions: You have the right to request restrictions in writing on the use and disclosure of your protected health information to specific family/friends, and restrict visitors and/or telephone calls. We will consider all reasonable requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Bonnie Dingler. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Receive a Paper Copy of This Notice: You have the right to a paper copy of this Notice of Privacy Practice upon request, even if you previously agreed to receive it electronically.

Changes to This Notice: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date.

Your Written Authorization is Required for Other Uses and disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization: (1) Uses and disclosures of Protected Health Information for marketing purposes; and (2) Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Bonnie Dingler. All complaints must be made in writing. You will not be penalized for filing a complaint.