

# Privacy Policy

## Notice of Privacy Practices

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.

*For additional information, or to make a complaint with respect to your privacy rights, you may contact our Compliance Officer or the Department of Health and Human Services Office for Civil Rights. Contact information is listed at the end of this Notice.*

## Our Uses and Disclosures

Protected health information (PHI) is your information created or received by a healthcare provider that relates to your past, present or future physical or mental health or condition, to the provision of health care to you, or to payment for your health care.

How do we typically use or share your health information? We may use or disclose your protected health information without your consent or authorization for the purposes of your treatment, for payment purposes, and for certain administrative and other health care operations. We typically use or share your health information in the following ways:

- Treatment – 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.*

- Payment – 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.*

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

*Example: Quality assessment audits and improvement activities.*

Business Associates are a part of Health Care Operations. There are some services provided in our organization through business contracts. When these services are

contracted, we may disclose your protected health information to our business associate, so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your protected health information.

*I acknowledge and understand that this office may contact and survey me via e-mail regarding my satisfaction and outcomes. I understand that an independent vendor(s) may assist with this data collection. I understand that in addition to the confidential survey, this office or their designated vendor may also send an automated email to allow me to rate and review my provider online through sites like Google, Yelp, Keet, etc. voluntarily and publicly. I acknowledge that my responses, like other online responses, may be published on the respective review site(s) and will be publicly disclosed and accessible to anyone who accesses that site. I understand that reviews are optional, and I will not include any sensitive, personal, identifying, or medial information that I do not wish to be publicly disclosed in an online review, i.e., name, contact information, social security number, health history, diagnosis, medications, etc. When submitting a survey or review, I agree*

- 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. If you change your mind, you have the right to take back or “revoke” your authorization at any time by submitting a revocation in writing. We are unable to take back any use or disclosure that we have taken an action in reliance on the authorization for use or disclosure as previously indicated.
- *For more information*  
see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **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 consent, do not object, or we reasonably infer that there is no objection, we may disclose health information about you to a family member, personal representative or other person identified by you who is involved in your care. Marketing
- Share information in a disaster relief situation.
- Sale of your information
- Contact you for fundraising efforts but you can tell us not to contact you again.

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.

In the following cases, we never share your information unless you give us written permission to do so:

- Marketing
- Sale of your information

## **How else can we use your health information?**

We are required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index)

Help with public health and safety issues – We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recall
- Reporting adverse reactions to medications
- Reporting suspected abuse or neglect
- 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.

**Request to organ and tissue donation request** – 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 request** – 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.

## **Your Rights**

When it comes to your health information, you have certain rights. You will need to make a written request to exercise these rights. Forms for these purposes are available in our office(s), or you may call the office(s) to request the forms be sent to you.

**Get a copy of your medical record** – With a few exceptions (such as records compiled in anticipation of litigation), you have a right to inspect or receive copies of your health information. We will provide a copy or summary of your health information, usually within 30 days of your request, we may charge a reasonable cost-based fee.

**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 services or health care items 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 the law requires us to share that information.

**Request confidential communications** – You have the right to ask that we contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Request must be made in writing; you do not need to give us a reason for your request. We will say yes to all reasonable requests.

**Ask us to correct your medical record** – If you believe that your information is incorrect or incomplete, you have the right to request an amendment if the information is maintained by us. We may say “no” to your request, but we will tell you why in writing within 60 days.

**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.

Certain types of disclosures are not included such as disclosures about treatment, payment, and healthcare operations, and certain other disclosures, such as any you asked us to make. We will 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 notice** – You can ask for a paper copy of this notice at any time.

We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain, including protected health information received in the past as well as received after the effective date of the new Notice. A current copy of our Notice will be posted in our office(s) and will also be available on our web site. You may also obtain a copy by writing or calling the office and asking that one be mailed to you or by asking for one the next time you are in our office.

**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 have been violated** – You can complain if you feel we have violated your rights.

## **For More Information or to Make a Complaint**

If you believe your privacy rights have been violated, you can file a complaint with our Compliance Officer toll free at [800-461-9330](tel:800-461-9330) or file an electronic complaint with the Department of Health and Human Services Office for Civil Rights at <https://www.hhs.gov/hipaa/filing-a-complaint> or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: [1-800-368-1019](tel:1-800-368-1019), TDD: [1-800-537-7697](tel:1-800-537-7697).

There will be no retaliation for filing a complaint.

Effective Date: March 2025