

HIPAA 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.

This Notice of Privacy Practices describes how we may use and disclose our protected health information (PHI) to carry out treatment, payment or health care operations (TPO) for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- **TREATMENT:** We will use and disclose Your Protected Health Information to make decisions about the provision, coordination, or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share Your Protected Health Information with another healthcare provider whom we need to consult with respect to your care. These are only examples of uses and disclosures of health information for treatment purposes that may or may not be necessary in your case.
- **PAYMENT:** We will use and disclose Your Protected Health Information to obtain reimbursement from you, for your health insurance carrier, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre certification and preauthorization of services, or review of services for the purpose of reimbursement. Your Protected Health Information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system.
- **HEALTHCARE OPERATIONS:** We may disclose, as needed, Your Protected Health Information in order to support the business activities of your physician's practice. These activities include, but are not limited to providing appointment reminders, newsletters and holiday, birthday and thank you communication. We may also call you by name in the waiting room when your physician is ready to see you.

We may use or disclose Your Protected Health Information in the following situations without your authorization. These situations include: as required by law, Public Health Issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, and Organ Donations. Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164,500.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES: Will be made only with your consent, authorization or opportunity to object as required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Signature or Patient/Personal Representative

Date