

HEALTHCARE PRIVACY

Each time you visit a hospital, physician, or other healthcare provider, a written or electronic record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. Protecting your privacy is very important to us. All our patients have the right to considerate and respectful care.

Privacy Practice for Protected Health Information

The provision of high quality healthcare requires the exchange of personal, often sensitive information between an individual and a skill practitioner. Vital to that interaction is the patient's ability to trust that the information shared will be protected and kept confidential. Yet many patients are concerned that their information is not protected.

Your Health Information Right

Although your health records are the physical property of the healthcare practitioner in the facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practice upon request
- Inspect and copy your health record
- Request to amend your health record
- Obtain an accounting of disclosures
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorizations to use or disclose health information except to the extent action has already been taken

Consent Agreement

"Consent" allows use and disclosure of protected health information only for treatment, payment, and health care operations.

As part of your healthcare, we originate and maintain health records describing your health history, symptoms, examination and test results, diagnosis, treatment and many plans for future care or treatment.

This information is basis for:

Planning Treatment

- A means of communication among the many health professionals who contribute to your care
- A source of information for applying your diagnosis and surgical information to your bill
- A means by which a third-party payer can verify that services billed were actually provided
- A tool for routine healthcare operations such as assessing and reviewing the competence of healthcare professionals

Confidentiality

Expect that all aspects of your care will be treated confidentially. Your medical records, both written and electronic, will not be released without your written permission, unless in association with our healthcare operations. These operations include but are not limited for evaluation and review of healthcare professionals, quality, reviews, assessments and improvement and training activities, licensing and credentialing activities, and certification and accreditation programs. Our office may use or disclose your healthcare information to a physician or other healthcare provider who is providing treatment to you. Your health care information will be used and disclosed by our office to obtain payment for services rendered to you.

You have the right to:

Take part in decisions about your care. Before agreeing to any treatment, your doctor will tell you about your plan in terms you can understand.

Refuse further medical care. If you make this decision, it is important that you understand the risks and how it can affect your health. If you refuse care, you become responsible for your future health outcomes. If you and your doctor cannot agree about your care which meets ethical and professional standards, you may be asked to seek treatment elsewhere.

This notice describes medical information about you and may be disclosed and how can get access to the information. Please review it carefully. It is the right of this office to change this policy at any time as long as the changes are in accordance with applicable laws. If you receive this notice via our website or e-mail, you are also entitled to receive this notice in written form from our office.