



## HIPPA 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 this carefully.*

### **Uses and disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment of the purpose of providing healthcare services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

**Treatment:** We may use and disclose your protected health information to provide, coordinate, or manage your healthcare information with a third party. For example, we would disclose information to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you or to a vendor that is providing services to you.

**Payment:** Your information will be used as needed to obtain approval for procedures or to obtain payment for your healthcare services.

**Healthcare Operations:** We may use as needed, your healthcare information to support ongoing internal quality assurance programs. We call you by name in the waiting area when personnel are ready to see you. We may disclose your health information as necessary to remind you about any appointment.

All other permitted and required uses and disclosures will only be made with your authorization as required by law. Your written authorization may be revoked at any time by notifying us in writing as provided by law.

We may use or disclose your protected 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 Donation: Research: Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate and determine our compliance with the requirements of Section 164.500.

We are required by Law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at the above numbers.