NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This NOTICE describes how medical information about you is used and disclosed for your care and the ways in which we may share your personal health information without your authorization. We are required to maintain certain privacy standards and to provide this Notice to you. Please read it carefully and ask us if you have any questions about the contents of this document.

We are committed to maintaining the privacy of your health information. This document explains your rights and the way we are required to protect your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We use and disclose health information about you for purposes of providing and maintaining your health care and for obtaining payment for your care. In addition, we are required by law to use this health information in certain ways that may be necessary for the proper operation of our practice. Here are some examples of our most common uses and disclosures of health information:

1. Treatment: We use or disclose health information about you to provide you with health care services and to coordinate your care across the health care system.
2. Payment: We use or disclose health information for billing and collection purposes. For example, we may bill your insurance company for services you received. We may also receive payment from you for your services.
3. Health Care Operations: We use or disclose health information about you for the purposes of quality assessment and improvement, patient safety, and day-to-day operations.
4. Public Health Activities: We may use or disclose health information to report cases of certain communicable diseases to public health authorities for the purposes of public health surveillance and control.
5. Research: We use or disclose health information for research purposes, as permitted by law.
6. Fundraising: We may use or disclose health information, as permitted by law, for fundraising purposes.
7. Law Enforcement: We may use or disclose health information, as permitted by law, for law enforcement purposes.
8. Health Oversight Activities: We use or disclose health information for the purposes of conducting health care oversight activities.
9. Judicial Proceedings: We use or disclose health information, as permitted by law, for use in judicial proceedings.
10. Decedent Notification: We use or disclose health information, as permitted by law, for the purposes of notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading an infectious or other disease through contact with a patient's health information

WHO WILL FOLLOW THIS NOTICE

This Notice applies to all of our offices. We will follow the standards explained in this Notice whether we receive payment for our services from you or a third party. This Notice also applies to all of our physical locations and business associates.

HOW YOU CAN COMPLAIN

If you believe your privacy rights have been violated, you may file a complaint with us (see “Contact Information”). This Notice will not affect your rights to file a complaint with the U.S. Department of Health and Human Services (see “Non-Discrimination/Accessibility Notice”). You may file a complaint with us or the U.S. Department of Health and Human Services directly. There is no fee for filing a complaint with us or the U.S. Department of Health and Human Services.

If you have any questions or concerns about this Notice, contact your Privacy Officer (see “Contact Information”). You may also submit a written complaint to the U.S. Department of Health and Human Services (see “Non-Discrimination/Accessibility Notice”). You may be entitled to receive certain麒to麒payments for the time spent in carrying out the privacy information and must continue to engage in the normal course of business activities.

LIMITED CONTACT FOR REMINDERS

We may contact you to provide you with information about your treatment, payment, or health care services. For example, we may contact you about your treatment or medication.'

Please contact your Privacy Officer for more information on how your health information will be used and disclosed (see “Contact Information”).

RECORDS OF USE AND DISCLOSURE

We will keep records of our use and disclosure of your health information. You have the right to request a copy of these records (see “Your Rights: To Access Your Health Information”). We will provide you with a list of disclosures we have made of your health information, except we may deny a request for a list of disclosures if we reasonably believe that providing the list would be harmful to you or another person. A list of the disclosures is made only for the last 12 months prior to the date your request is received, unless you specify another time period.

KEEPING YOUR HEALTH INFORMATION ACCURATE

We are responsible for maintaining the accuracy of your health information. If you believe that your health information is incorrect or incomplete, you may ask us to correct it. If we do not agree to correct the information, you may ask for us to append a statement of correction to your health information. However, you cannot request that we append a statement of correction to your health information if you believe that it is incorrect or incomplete.

TELECOMMUNICATIONS ACCESSIBILITY

We will provide you with reasonable access to your health information in a format you can read it. If you request access to your health information in a format you can read it (such as an audio file), we will charge you a fee for this service.

RESPONSE TIME LIMITS

We will respond to your request for access or amendment in writing within 30 days, unless we are unable to do so by law. If we need more time, we can extend the response time for 30 days. We will provide you with the reason for the extension.

CONTINUITY OF CARE

We will provide you with reasonable access to your health information in a format you can read it (such as an audio file), if we receive your request for access to your health information in a format you can read it (such as an audio file), we will charge you a fee for this service. However, we may not charge you a fee if you are entitled to a free copy of your health information as a result of your status.

You may request that we not disclose certain health information to your health plan for payment or health care operations. For example, you may request that we not disclose confidential information about your treatment or medication.

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