NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We adopt this notice as required by law and in accordance with Department of Health and Human Services regulations. Unless we obtain your written permission, the information we obtain will be used to help us provide you with the care you need. When you sign your admission authorization or the registration form, you agree to allow us to obtain and use information about you for purposes of your care.

We are required to maintain the confidentiality of any personal health information that we obtain about you. We must follow the privacy practices that are specified in this Notice for all of the personal health information that we obtain in any way. We will disclose medical information about you to your family, your legal representative, and any other person you designate in writing. We may also disclose medical information about you to your physician, your family, your legal representative, and any other person you desire to have receive such a disclosure.

WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES.

TREATMENT. We will use or disclose your health information for treatment purposes. For example, we may use or disclose your health information in order to provide you with medical services.

PAYMENT. We may use or disclose your health information for payment purposes. For example, we may use or disclose your health information in order to receive payment for services that you have received.

HEALTHCARE OPERATIONS. We will use or disclose your health information for healthcare operations. For example, we may use or disclose your health information in order to conduct healthcare operations and to review the quality of our service or to conduct other healthcare operations.

FUNDING OR SUBSIDIES. We may use or disclose your health information for funding or subsidy purposes. For example, we may use or disclose your health information in order to determine whether you are eligible for financial assistance.

RESEARCH. We will use or disclose your health information for research purposes. For example, we may use or disclose your health information in order to conduct research.

APPLICABLE LAW. We will use or disclose your health information in accordance with applicable law.

WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSIVE FOR THE FOLLOWING PURPOSES.

COMPLIANCE WITH APPLICABLE LAW. We will use or disclose your health information for purposes that we are required to do by law. For example, we may use or disclose your health information in order to comply with public health laws.

WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION FOR OTHER PURPOSES UNLESS YOU PROVIDE YOUR WRITTEN PERMISSION. Your written permission is required if we disclose your health information for purposes other than those described in this Notice, or for purposes described in this Notice, we are required to obtain your written permission.

YOU HAVE CERTAIN RIGHTS CONCERNING YOUR HEALTH INFORMATION.

You have the right to receive a copy of this Notice. This Notice will remain effective unless and until you request another Notice in writing or we change our practices and send you a new Notice of Privacy Practices.

YOU HAVE THE RIGHT TO KNOW WHAT INFORMATION WE USE OR DISCLOSE ABOUT YOU. We will inform you of our practices concerning the use or disclosure of your health information.

YOU HAVE THE RIGHT TO INSPECT AND RECEIVE A COPY OF YOUR HEALTH INFORMATION. You have the right to inspect and receive a copy of your health information.

YOU HAVE THE RIGHT TO RECEIVE A LIST OF CERTAIN DISCLOSURES OF YOUR HEALTH INFORMATION. You have the right to receive a list of certain disclosures of your health information.

YOU HAVE THE RIGHT TO REQUEST AMENDMENT OF YOUR HEALTH INFORMATION. You have the right to request an amendment of your health information.

YOU HAVE THE RIGHT TO REQUEST LIMIT OR RESTRICTION OF THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION. You have the right to request that your health information not be used or disclosed for certain purposes.

YOU HAVE THE RIGHT TO REQUEST NOTIFICATION IN EVENT OF A BREACH OF UNSECURED HEALTH INFORMATION. You have the right to request a notification in the event of a breach of your unsecured health information.

YOU HAVE THE RIGHT TO OPT OUT OF PARTICIPATION IN CERTAIN HEALTH INFORMATION EXCHANGES. You have the right to opt out of participation in certain health information exchanges.

YOU HAVE THE RIGHT TO REQUEST ACCESS TO YOUR HEALTH INFORMATION IN A MANNER THAT IS MORE CONVENIENT TO YOU. You have the right to request access to your health information in a manner that is more convenient to you.

YOU HAVE THE RIGHT TO REQUEST A COPY OF YOUR HEALTH INFORMATION IN A USEFUL ELECTRONIC FORMAT. You have the right to request a copy of your health information in a useful electronic format.

YOU HAVE THE RIGHT TO REQUEST A COPY OF YOUR HEALTH INFORMATION IN A READABLE ELECTRONIC FORM. You have the right to request a copy of your health information in a readable electronic form.

YOU HAVE THE RIGHT TO REQUEST A COPY OF YOUR HEALTH INFORMATION IN A READABLE FORM. You have the right to request a copy of your health information in a readable form.

YOU HAVE THE RIGHT TO REQUEST A COPY OF YOUR HEALTH INFORMATION IN AN USEABLE FORM. You have the right to request a copy of your health information in an useable form.

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