

**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.**

<p><b>When it comes to your health information, you have certain rights.</b> This section explains your rights and some of our responsibilities to help you.</p>	
<p><b>See or get an electronic or paper copy of your medical record</b></p>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.</li> <li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul> <p>However, you may not see or copy the following records:</p> <ul style="list-style-type: none"> <li>• Psychotherapy notes</li> <li>• Information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding</li> <li>• Protected health information restricted by law, information that is related to medical research in which you have agreed to participate</li> <li>• Information whose disclosure may result in harm or injury to you or to another person</li> <li>• Information that was obtained under a promise of confidentiality</li> </ul>
<p><b>Ask us to correct your medical record</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you believe is incorrect or incomplete.</li> <li>• We may say “no” to your request, but we will tell you why in writing within 60 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information by stating in writing the specific restriction requested and to whom you want the restriction to apply.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• You may not request that we restrict your health information for treatment, payment, or our operations.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul>
<p><b>Get a list of those with whom we have shared information</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask.</li> <li>• We will include all disclosures except for those about treatment, payment, and health care operations, as required by law, that occurred prior to April 14, 2003 and certain other disclosures (such as any you asked us to make).</li> </ul>



	<ul style="list-style-type: none"> <li>• We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us. We will strive to address your concerns.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>
<p><b>For certain health information, you can tell us your choices about what we share.</b> If you have a clear preference for how we share your information in the situations described below, talk to us.</p>	
<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> <li>• Contact you for fundraising efforts</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<b>In these cases, we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes other than to run our practice as described below</li> <li>• Sale of your information</li> <li>• Most sharing of psychotherapy notes</li> </ul>
<p><b>How do we typically use or share your health information?</b> We typically use or share your health information in the following ways.</p>	
<b>Treat you</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are involved in treating you.</li> <li>• We may also call you by name in the waiting room when your physician is ready to see you.</li> <li>• We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.</li> </ul>
<b>Run our practice</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice and improve your care.</li> <li>• We can also use and share your health information for quality assessments, credentialing, compliance, employee and peer reviews, training, and licensing activities as needed.</li> </ul>



	<ul style="list-style-type: none"> <li>• We may use or disclose your protected health information to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you, by text, fax, phone, and email provided by you and to leave voice messages as necessary.</li> <li>• We can also share your protected health information to our business associates including billing, claims processing, collections and others involved in health care operations.</li> </ul>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>
<p><b>How else can we use or share your health information?</b> We are allowed or required by law to share your information in other ways.</p>	
<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director following death of an individual.</li> </ul>