

Notice of Privacy Policy

Dear Valued Patient,

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company and/or with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information.:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

Disclosing Protected Health Information (PHI)

We may use or disclose PHI about you without your consent or authorization.

- For health care treatment or management of your health care needs such as to laboratories, pharmacists, ER physicians, or specialists.
- For collecting payment for health care services from insurance companies or other payers.

Rights regarding your protected health information

- You have the right to request restrictions on the uses and disclosures of PHI about you and you must request these restrictions in writing.
- You have the right to see and copy protected health information about you. Your request must be in writing by completing a form that we provide. We will charge 0.50/page for our costs, and we also have a right to refuse your request in certain situations.

Patient Signature

Date