

# PRIVACY NOTICE

*Protecting the privacy of your personal health information is important to us. This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review carefully.*

- Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, and public health, research and law enforcement activities. Any other disclosures for the purposes of treatment, payment, or practice operations will be made only after obtaining your consent. You may request restrictions on disclosures.
- Disclosures of protected health information are limited to the minimum necessary for the purpose of disclosure. This provision does not apply to the transfer of medical records for treatment.
- You may inspect and receive copies of your records within 30 days of request to do so. There may be a reasonable cost-based fee for photocopying, postage and/or preparation.
- You may request changes to your records. Our practice has the right to accept or deny your request.
- We maintain a history of protected health information disclosures that is accessible to you.
- In the future, we may contact you for appointment reminders, announcements, and to inform you about our practice and its staff.

Our practice is required to abide by this notice. We have the right to change this notice in the future. Any revisions will be prominently displayed in a clearly visible location in our office. You may file a complaint about our privacy violations by contacting our Office Manager.

By signing below, you are confirming your full understanding of the above.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_