

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. **Please review it carefully.**

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Clinic and how we may disclose it to others outside the Clinic. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

### **HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

- ❖ **Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your case. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.
- ❖ **Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. *For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for treatment.*
- ❖ **Clinic Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Clinic. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. *For example, we may look at your medical record to evaluate whether Clinic personnel, your doctor, or other health care professionals did a good job.*
- ❖ **Research:** We may use or disclose your medical information to research projects, such as studying the effectiveness of a treatment you received.
- ❖ **Required by Law:** Federal, State, or local laws sometimes require us to disclose patient's medical information. For instance, Public Health Issues, Communicable Disease, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Organ & Tissue Donation, Legal Proceedings, Law Enforcement, Coroners, Medical Examiners and other Government Purposes. We also are required to give information to the State Worker's Compensation program for work-related injuries.

- ❖ **Other Permitted and Required Uses and Disclosures** will be made only with your consent authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.