**NOTICE of PRIVACY PRACTICES**

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.

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. This is a shorter version of the full, legally required NPP, which is on display in the waiting room so refer to it for more information. However, we can’t cover all possible situation so please talk to our privacy officer about any questions or problems.

We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of our legal duties and privacy practice with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment upon request.

We will use the information about your health, which we get from you or from others mainly to provide you with treatment, to arrange payment for our services or for some other business activities, which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information. If you do not consent and sign this form we cannot treat you.

If you or we want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep your health information private but there are some times when the law requires us to use or share it. Such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these but which don’t happen very often. They are described in the longer version of the NPP.

**Without Authorization.**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

1. Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigation (such as the social work licensing board of the health department)
2. Required by court
3. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission**

We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization**

Uses and disclosures not specifically permitted by applicable law with be made only with your written permission, which may be revoked at any time.

**Your rights regarding your PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights please submit your request to our privacy officer, Monty Shultz at 124 West 25th street Suite B4, Kearney, NE 68847.

1. Right to access to inspect and copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those limitations where there is compelling evidence that access would cause you harm. We will charge a reasonable, cost-based fee for copies.
2. Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to amendment.
3. Right to an accounting of disclosures. You have the right to request an accounting of certain disclosures that we make about your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12 month period.
4. Right to request restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree with your request.
5. Right to request confidential communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
6. Right to copy this notice. You have a right to copy this notice.

**Complaints**

If you believe that we have violated your privacy rights, you have the right to file a complaint in writing with Monty Shultz 124 West 25th Street Suite B4, Kearney, Ne 68847 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington D.C. 20201 or by calling 202-619-0257.

**We will not retaliate against you for filing a complaint.**

**This notice is effective as of 06/16/2015**