WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS.
This section explains your rights and some of our responsibilities to help you.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD
You can ask us to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

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.

ASK US TO CORRECT YOUR MEDICAL RECORD
You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

WE MAY SAY “NO” TO YOUR REQUEST, AND WE’LL TELL YOU WHY IN WRITING WITHIN 60 DAYS.

REQUEST CONFIDENTIAL COMMUNICATIONS
You can ask us to contact you in a specific way (for example, home or office phone) or to share your information with a family member or friend. We will accommodate your request as long as it is reasonable.

WE WILL SAY “YES” TO ALL REASONABLE REQUESTS.

ASK US TO LIMIT WHAT WE USE OR SHARE
You can ask us not to use or share certain health information for treatment, payment, or our operations.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST, AND WE MAY SAY “NO” IF IT WOULD AFFECT YOUR CARE.

ASK US TO CONTACT YOU IN A SPECIFIC WAY (FOR EXAMPLE, HOME OR OFFICE PHONE)
You can ask us to contact you in a specific way (for example, home or office phone). We will accommodate your request as long as it is reasonable.

WE WILL SAY “YES” TO ALL REASONABLE REQUESTS.

YOUR CHOICES
FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE.
If you have a clear preference for how we share your information in the situations described below, talk to us.

Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

• Share information with your family, close friends, or others involved in your care.

• Include your information in a hospital directory.

• Choose someone to act for you if you give someone medical power of attorney or if someone is your legal guardian.

• Receive a paper copy of this notice.

In these cases we never share your information unless you give us written permission:

• Marketing purposes.

• Sale of your information.

• Most sharing of psychotherapy notes.

In the case of fundraising:

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Your Information. Your Rights. Our Responsibilities.
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.

YOUR RIGHTS

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?
We typically use or share your health information in the following ways:

Treat you
We can use health information about you to run our organization, improve your care, and contact you when necessary.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our practices, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

YOUR CHOICES

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety measures
We can share health information about you for certain situations such as:

• Preventing or reducing a serious threat to anyone’s health or safety.

• Addressing workers’ compensation, law enforcement, and other government requests.

• We can use or share health information about you:

Work with a medical examiner or funeral director

• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

• We can use or share health information about you:

Respond to lawsuits and legal actions

• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

• We are required by law to maintain the privacy and security of your protected health information.

• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

• We must follow the duties and privacy practices described in this notice and give you a copy of it.

• We will not use or share your information other than as described here unless you tell us you can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic eup.html.

CHANGES TO THE TERMS OF THIS NOTICE
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.