

## **MORE ABOUT HOW YOUR HEALTH INFORMATION MAY BE USED**

### **For Law Enforcement**

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

### **Family, Friends and Caregivers**

We may share your health information with those you tell us will be helping you with your care. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information and only when it will be important to those participating in providing your care.

### **To Coroners, Funeral Directors and Medical Examiners**

We may be required by law to provide information to coroners, funeral directors and medical examiners for the purposes of determining a cause of death and preparing for a funeral.

### **Medical Research**

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

### **Authorization to Use or Disclose Health Information**

Other than is stated above, or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

## **PATIENT RIGHTS.**

This new law states that you have the following rights related to your health information.

### **Restrictions**

*You have the right* to request restrictions on certain uses and disclosures of your health information. We will make every effort to honor reasonable restriction preferences from our patients.

### **Confidential Communications**

*You have the right* to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no one else present, or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

### **Inspect and Copy Your Health Information**

*You have the right* to read, review, and copy your health information, including your complete chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

### **Amend your Health Information**

*You have the right* to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

### **Documentation of Health Information**

*You have the right* to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. We may need to charge you a reasonable fee for your request.

### **Request a Paper Copy of this Notice**

*You have the right* to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will send a copy to you. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

### **Complaints**

*You have the right* to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.