

### HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### I. MY COMMITMENT REGARDING HEALTH INFORMATION

I understand that information about you and your health care is personal. I am committed and required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) to the following:

- Make sure that protected health information (PHI) that identifies you is kept private and not disclosed to others unless you sign a Release of Information or the law authorizes me to do so.
- Provide you this Notice of my legal duties and privacy practices with respect to health information.
- Reserve the right to change the terms of my Notice at any time and provide a new revision.

#### II. USES AND DISCLOSURE OF PERSONAL HEALTH INFORMATION:

This law authorizes and requires me to use or disclose your PHI under certain circumstances as outlined below:

- Treatment: I may use and disclose your PHI with other health care providers who are either involved in your care or who I can consult with in providing the best possible care.
- Payment: I may use or disclose your PHI for purposes of confirming health insurance coverage, billing, claims management, and reimbursement. For minors, I may provide PHI to a guardian for payment purposes.

#### III. DISCLOSURE WITHOUT CLIENT AUTHORIZATION

I am required by law to disclose minimum information necessary of your PHI to only appropriate persons when:

- There is suspicion of child, elder, or dependent adult abuse.
- You disclose a serious threat to your own or another's safety.
- Judicial proceedings, including responding to a court or administrative order, demand it
- For law enforcement purposes, including reporting crimes occurring on my premises.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent that this office already taken actions relying on your authorization.

#### IV. YOUR RIGHTS REGARDING YOUR PHI:

You may present a written request to exercise the following rights:

- To request an electronic or paper copy of your PHI and other information that I have about you.
- To request restrictions on disclosures of your PHI to health plans if you have paid out-of-pocket in full.
- To ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. However, I am not required to agree to your request if I believe it would affect your health care.
- To request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.
- To request corrections or updates on your PHI if you believe that there is a mistake or that a piece of important information is missing. However, I reserve the right to decline your request in writing within 60 days of receiving your request.

This notice went into effect on May 24, 2016.

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Client signature

Date