



This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please read carefully.

This office may use and disclose medical information and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be release to insurance companies, HMO's, PPO's, managed care organizations, IPA's, Medicare/Medicaid, or other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions. Medical records may be delivered to another physician, or any other physician that is directly or indirectly responsible for your medical care of the payment thereof.

This office will not use or disclose any of your medical and financial information for any purpose not stated above without your specific authorization. You may revoke your authorization at any time. However, in certain cases where a person is or has been a danger to him or herself, or to others, we are required to notify appropriate parties.

You may request restrictions on certain uses and disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You have the right to have copies and/or to amend your protected health information, unless it is stored data, which cannot be changed. There may be a fee for these services. You may also request an accounting of disclosures of your protected health information from this office.

We are legally obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms. We reserve the right to change our private practices and apply revised privacy practices to protected health information.

You may register a complaint with office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. This office will make no retaliation against you because you registered a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

You may speak with the Privacy Officer and/or the Practice Administrator to obtain answers to any questions you might have concerning this Notice. You may request a copy of this Notice.

Client's Name (printed): _____ Age: _____

Client's Signature: _____ Date: _____

If client is under 18 years of age:

Name of Client's Personal Representative

Relationship to Client