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HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for purposes that are permitted or required by law. It also describes your right to access and control your protected healthcare information. "Protected health information" is information about you, including demographic information, that may identify you that relates to your past, present or future physical or mental health condition and related healthcare services.

Uses and disclosures of Protected Health Information:

Your protected health information may be used and disclosed by your physician, our office staff and other outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, pay your health bills to support the operation of the physician's practices and any other use required by law.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. For example your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment:

Your PHI will be used, as needed, to obtain payment for your health care services. For example, if we need to obtain approval for a hospital stay.

Healthcare Operations:

We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. The activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI, to medical school students that may see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call your PHI, as necessary, to contract you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization. These situations included: as Required By Law, Public Health issues as Required By Law, communicable disease, health oversight, abuse or neglect, Food and Drug Administration requirement, legal processing, law enforcement, coroner's, funeral director, organ donation, research, criminal activity, national security, worker's compensation, inmates and other required uses and disclosures. Under the law, we must make disclosure to you and when required by the Secretary of the Department of Health Services to investigate our compliance with the requirements of section 164.500.

Other Permitted and Required Uses and Disclosures:

This will be made only with your consent, authorization or opportunity to object unless required by law.

You may Revoke this Authorization:

You may revoke this authorization, at anytime, in writing except to the extent that your physician or the physician's practice has taken an action in reliance on the use of disclosure indicated in the authorization.

You're Rights:

The Following is statements of your rights with respect to your PHI.

You Have the Right to Inspect and Copy your PHI:

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a Civil, Criminal, or Administrative action or Proceeding. Health information that is protected by law, which prohibits access to PHI.

You have the Right to Request a Restriction of your PHI:

You may ask us not to use or disclose any part of you PHI for purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family member or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

You May Have the Right to request Confidential Communications from us by Alternative means or at an Alternative Location. You have the Right to Obtain a Paper Copy of this Notice from Us.

Upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the Right to have your Physician Amend your Protected Health Information:

If you deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the Right to Receive an Accounting of certain Disclosures we have made, if any and of your PHI.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this office.

Complaints:

You may complain to the Secretary of Health and Human Services or us if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying your privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This Notice was published and becomes effective on/or before April 14, 2003