

HIPAA Notice of Privacy Practices

HIPAA Notice of Privacy Practices 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. “Protected health information“ (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care. **Your Rights Regarding Your PHI**

Your Rights

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures (*how we may use your information*)

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with laws that may be in place now or in the future
- You can ask us to correct health information about you that you think is incorrect
- Request confidential communications
- You can ask us to contact you in a specific way
- Ask us to limit what we use or share
- You can ask us not to use or share certain health information
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- You can ask for a list (accounting) of the times we’ve shared your health information

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