



# Privacy Practices and Patient Rights

## How Your Information Is Used

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider

**Health Care Options:** As needed, we may use or disclose, your protected health information in order to support the business activities of your physician's practice

## Admissible Unauthorized Disclosures

**Law:**  
When required by local, state, or federal law.

**Legal Proceedings:**  
We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Criminal Activity:**  
We may disclose your protected health information if we believe it is necessary to prevent or lessen a threat to the health or safety of a person or the public. Also, we may disclose this information to assist in the identification and apprehension of an individual.

**Inmates:**  
We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Public Health/Communicable Disease:**  
We may disclose your protected health information if it may assist in the preventing or controlling disease, injury or disability.

**FDA:**  
We may disclose your protected health information to a person or company required by the Food and Drug Administration

**Child Abuse or Neglect:**  
We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect

**Coroners, Organ Donation:**  
We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

**Close Identifiable Persons:**  
Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

**Health Oversight:**  
We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Research:**  
We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Worker's Compensation:**  
We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

## Your Rights

**You have the right to inspect and copy your protected health information:**  
Exceptions: Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information

**You have the right to request a restriction of your protected health information:**  
You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

**You may have the right to have your physician amend your protected health information:**  
This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we 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, of your protected health information:**  
This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices.

**You have the right to obtain a paper copy of this notice from us.**