

Notice of Privacy Practices

In 1996 Congress passed the Health Insurance Portability and Accountability Act, more commonly known as HIPAA. The goal of this legislation is basically twofold: simplifying electronic health care transactions by implementing national standards and protecting patients' personal health information by implementing security and privacy standards.

Our policy has always been to protect the personal health information of our patients. However, under the new HIPAA regulations, we are required to formalize our policies by putting them in writing and providing our patients with a copy of said practice.

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. We're required by law to protect the privacy of your health information and to provide you with this notice describing our privacy practices.

Please review it carefully.

We are required to obtain a one-time consent from you before we use or share your health information with others. Such disclosure will be for the sole purposed of providing treatment to you, obtaining payment for our services and running our business operations. You may revoke this consent at any time by contacting our office. We are also required to obtain a written authorization from you for the use or disclosure of your health information for purposes other than those stated in the consent. However, written authorization is not required in situated as listed below.

Your Health Information may be disclosed to:

- Physicians or medical personnel who are involved in your care or physicians to whom you have been referred for further treatment
- Insurance companies, in order to obtain reimbursement for medical services rendered or for pre-approval for treatment
- Business associated who need this information to assist us in obtaining payment or carrying out our daily business operations
- Family involved in your care, such as guardian or assigned health care proxy
- Authorized public health officials to carry out their public health activities
- Government agencies authorized to conduct audits, investigations and inspections of our facility



- FDA regulated company or person
- Law enforcement officials, authorized federal officials, or if you're in the Armes Forces, to military command authorities
- Medical examiner or organization investigating organ donation or transplantation

We may also disclose your information under circumstances in which:

- You require emergency treatment or if we are required by law to treat you but are unable to obtain written consent
- We're ordered to do so by court hearing a lawsuit or other dispute
- It is necessary to prevent a serious threat to your health or safety, health or safety of another and safety of the public
- For worker's compensation or similar programs that provide benefits for work related injuries
- We've received any information that has the potential to identify you or that this information is "disidentifying"