**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.** **PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**
We are required by applicable federal and state law to maintain the privacy of your health information.  We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information.  We must follow the privacy practices that are described in this Notice while it is in effect.  This Notice takes effect (01/01/2018) and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law.  We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes.  Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time.  For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed above.

**USES AND DISCLOSURES OF HEALTH INFORMATION
We use and disclose health information about you for treatment, payment, and healthcare operations.  For example:**

**Treatment:**  We may use or disclose your health information to a physician or other healthcare facility, providing treatment to you.
**Payment:**  We may use and disclose your health information to obtain payment for services we provide to you. For example, we may need to give your insurance company information about your visit so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.
**Healthcare Operations:**  We may use and disclose your health information in connection with our healthcare operations.  Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.
**Business Associates:** There are some services provided to our patients by third party agencies who are under contract with our organization, known as business associates. When these services are contracted, we may disclose your health information with our business associates to the extent necessary for them to complete the job they have been asked to do. They may also bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.
**Your Authorization:** In addition to our use of your health information, you may give us written authorization to use your health information or to disclose it to anyone for any purpose.  If you give us an authorization, you may revoke it in writing at any time.  Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.  Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.
**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this notice.  We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
**Persons Involved In Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death.  If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures.  In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare.  We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.
**Research:** The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy.
**Future Communications:** We may communicate with you by any means provided to us regarding treatment options, health related information, chronic care management programs, wellness programs or other initiatives or activities our facility may be participating in.
**Required by Law:** We may use or disclose your health information when we are required to do so by law. We may also use or disclose health information when permitted by the law to entities such as the FDA or public health/disease control facilities.
**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.  We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances.  We may also disclose to authorized federal official’s health information required for lawful intelligence, counterintelligence, and other national security activities.  Health information may also be disclosed to correctional institutions or law enforcement officials in the event of incarceration.
**Appointment Reminders:**  We may use or disclose your health information to provide you with appointment reminders in the form of voicemail messages, emails, or texts.

**Our Office Policies**:

**Communications regarding my accounts**:  Until my accounts are finally settled, I give my direct consent to receive communications regarding my accounts from any services and any collectors of my accounts, through various means such as:  1.  Any cell phone, landline, or text number that I provide; 2.  Any email address I provide; 3.  Auto dialer systems; 4.  Voicemail messages and other forms of communications.

**Co-pay, Unmet deductible, Unpaid balances**:  Please note that it is our office policy to collect all copay amounts, unmet deductibles, and unpaid balances prior to you being seen by our providers.  I also understand I am fully responsible for any additional fees related to the collection of my account(s).

**Appointment Policy**:  Should you need to cancel or reschedule an appointment we ask that you advise us a minimum of 24 hours in advance of your scheduled appointment.  Failure to notify the office will result in a $35 charge to your account on the second no show and every additional one after.

**PATIENT RIGHTS
Access:** You have the right to look at or get copies of your health information, with limited exceptions.  You may request that we provide copies in a format other than photocopies.  We will use the format you request unless we cannot practicably do so.  We may charge a reasonable cost-based fee for expenses such as copies, staff time, postage, etc.  If you request an alternative format, we will charge a reasonable cost-based fee for providing your health information in that format.  We will also prepare a summary or an explanation of your health information in lieu of providing medical records, if requested.  You must make a request in writing to obtain access to your health information.  **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003.If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.   **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information.  We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).   **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. The request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.  **Amendment:** You have the right to request we amend your health information. The request must be in writing and explain why the information should be amended. We may deny your request under certain circumstances.  **Electronic Notice:** If you receive this notice on our web site or by e-mail, you are entitled to receive this it in written form.

**QUESTIONS** **AND COMPLAINTS**

If you want more information about our privacy practices or are concerned that we may have violated your privacy rights in any way, you may contact us using the information at the beginning of this notice. You may also submit complaints to the U.S. Department of Health and Human Services. *You will not be penalized for filing a complaint.*