

HIPAA NOTICE OF PRIVACY PRACTICES

BEST FACE FORWARD

PROVIDER/CLINIC OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that are currently in effect
- Tell you that we may communicate with you by email or cell phone texting
- Notify you of a breach of protected information as required by federal and state law

PROTECTED HEALTH INFORMATION

Protected Health Information is defined by HIPAA as individually identifiable health information. It can be verbal, written, or electronic.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose Health Information that identifies you. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice.

FOR TREATMENT

We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. This ensures that you will receive optimal treatments that are safe for you, based on your personal medical history.

FOR PAYMENT

We may use and disclose Health Information so that we or others may bill and receive payment from you. For example, we will submit Protected Health Information about you to your insurance company in order to receive payment for services we have provided to you.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. In the

case of an emergency, we may also notify your emergency contact of choice about your location or general condition.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify as your emergency contact, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best medical interest.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

Uses and disclosures of Protected Health Information for marketing purposes.

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our office, and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to our practice. Your request must specify how you wish to be contacted (e.g., telephone and whether we can leave voicemails or send text messages). We will accommodate reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to update this notice in compliance with any changes that are made to the HIPAA Notice of Privacy Practices.