

## **SUMMARY NOTICE OF PRIVACY PRACTICES**

In compliance with federal HIPAA privacy regulations, we are required to provide you with a Notice of Privacy Practices that describes how medical information that we maintain about you may be used and/or disclosed. The Notice describes how, when, and why we use and disclose medical information about you, and provides a description of your rights and our obligations under federal and state privacy laws.

### **Uses and Disclosures**

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- **Treatment** – To provide information about your health condition to other health care providers who may treat you;
- **Payment** – To provide information about the treatment that we provided in order to obtain payment from your health plan;
- **Health Care Operations** – To evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice;
- To comply with federal, state or local laws when we are required to do so;
- To comply with a court or administrative order requiring the disclosure of your medical record.

These examples are merely illustrative. For a full description of the uses and disclosures that we are permitted to make, please consult our Notice of Privacy Practices.

### **Your Rights**

While the records that we maintain about you belong to us, under the federal HIPAA privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and receive a copy of the medical information we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of disclosures that we have made of your medical information. All of these rights are subject to some exceptions that are described in full in our Notice of Privacy Practices.

### **Our Obligations**

We are required to provide you with this Summary Notice of Privacy Practices and to provide a copy of our complete Notice of Privacy Practices if requested. We are required to abide by the terms included in our Notice of Privacy Practices. We may change our Notice from time to time. All amendments apply retroactively to the stated effective date of the change.

### **Acknowledgement**

You will be asked to sign a form acknowledging your receipt of this Summary Notice of Privacy Practices. However, your receipt of care and treatment is not conditioned upon your signing the acknowledgement form.

If you would like a copy of our complete Notice of Privacy Practices, please ask our receptionist. If you have any questions or require additional information, please contact our **Privacy Officer, Kristen Smith, at 661-254-3686, extension 511.**