

## AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization. These authorizations may be revoked at any time, however, we cannot take back disclosures already made with your permission. We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express written Authorization:

**Marketing:** This does not include marketing communications described in item #19. The Practice will obtain prior authorization before disclosing PHI in connection with marketing activities in which financial remuneration is received.

**Sales:** The Practice may receive payment for sharing your information in specific situations (i.e. public health purposes or specific research projects, see #12 above).

**Specially protected information:** Certain types of information such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing information require their separate written authorization for the purposes of treatment, payment or healthcare operations.

## APPOINTMENT REMINDER

The Practice may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of an email or text message. The Practice will try to minimize the amount of information contained in the reminder. The Practice may also contact you by phone and, if you are not available, the Practice will leave a message for you.

## TREATMENT ALTERNATIVES / BENEFITS

The Practice may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

## YOUR RIGHTS

You have the right to:

**Revoke any Authorization, in writing, at any time.** To request a revocation, you must submit a written request to the Practice's Privacy Officer. Marketing revocations may be submitted to the Practice via telephone or email.

**Request restrictions on certain use and/or disclosure of your PHI as provided by law.** However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.

**Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by the Practice.**

**Receive confidential communications of PHI by alternative means or at alternative locations.** You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.

**Inspect and copy your PHI as provided by law.** To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed. The Practice may charge you a fee (to cover costs incurred by the Practice to reproduce records) for the cost of copying, mailing or other supplies associated with your request.

**Amend your PHI as provided by law.** To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the originating individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you have the right to submit a written statement of disagreement.

**Receive an accounting of non-routine disclosures of your PHI as provided by law.** To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but the Practice may charge you for the cost of providing additional lists in that same 12 month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

**Receive a paper copy of this Notice of Privacy Practices from the Practice upon request.**

**To file a complaint with the Practice, please contact the Practice's Privacy Officer.** All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request.

To obtain more information, or have your questions about your rights answered, please contact the Practice's Privacy Officer.

## **PRACTICE'S REQUIREMENTS**

The health care office:

Is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices upon request.

Is required to abide by the terms of this Notice of Privacy Practices.

Reserves the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for all of your PHI that it maintains.

Will not retaliate against you for making a complaint.

Must make a good faith effort to obtain from you an Acknowledgment of receipt of this Notice.

Will post this Notice of Privacy Practices in its lobby and on the Practice's web site.

Will inform you in a timely manner, if there is a case of a breach of unsecured health information.