

How We May Use and Disclose Your Medical Information: the following describe the different ways we may use and disclose your medical information.

1. Treatment: in order to treat you we may disclose information to others who are involved in your care or treatment.
2. Payment: in order to bill and collect payment for services you receive from us. We may use and disclose information to obtain payment from third parties that may be responsible for such costs such as family members. We may use your medical information in order to bill you directly for services and items.
3. Health Care Operations: to operate our business to ensure you receive quality care and to assure our organization is well run.
4. Appointment Reminders & Test Results: to remind you that you have an appointment or change an appointment we will use all daytime phone numbers supplied on the Patient Information form you completed.
5. Treatment Alternatives: to inform you of treatment alternatives and/or health related benefits and services that may be of interest to you.
6. Fundraising: we may use or disclose your demographic information, including name, address, age, gender, and date of birth, as well as dates of health service information, department of service, treating physician, outcome information, and health insurance status for fundraising purposes. With each fundraising communication you will be provided the opportunity to opt-out of receiving such communication and we will provide you with an opportunity to opt back in to receive such communication if you should choose to do so.
7. Marketing: to make a marketing communication to you that occurs in a face-to-face encounter with you; concerns, products or services of nominal value; however, we may disclose your health information for marketing purposes if we will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication unless we receive your authorization to do so.

8. Coroners, Medical Examiners, Funeral Directors: as needed to carry out their duties required by law.

9. Organ and Tissue Donation: to organizations that handle organ and tissue procurement, banking or transplantation.

10. Sale of PHI: we will not sell your PHI to third parties. However, this does not include disclosure for public health purposes, research where we only receive remuneration for our cost to prepare and transmit the PHI, for treatment and payment purposes, for sale, transfer, merger or consolidation of our practice, for a business associate or its subcontractor to perform health care functions on our behalf, or for purposes as required or permitted by law.

11. Required By Law: when required by applicable law regarding crime or criminal conduct; warrant, summons, subpoena or legal process. If served with a legal subpoena for records (contains a release or records signed by you or verbal authorization obtained from your or your attorney of record or proof of service from the requesting party) we must honor the request.

12. Public Health Activities: to control disease, injury or disability; maintain vital records such as birth or death; cancer reporting; child abuse or neglect; exposure to communicable disease; drug reactions or FDA warnings; recalled devices or medications. To notify appropriate government agencies and authorities regarding potential abuse or neglect of an adult patient including domestic abuse if the patient agrees or we are required by law to do so. Under limited circumstances to your employer for related workplace injury or illness or medical surveillance.

13. Research: subject to special approval process, information may be used on research projects or studies. The information will not leave our premises without your authorization.

14. Serious Threats to Health or Safety: to reduce or prevent a serious threat to your health and safety or that of another individual or the general public. We will only disclose to persons or organizations able to help prevent the threat.

15. Specialized Government Functions: if you are a member of the U.S. or foreign military forces (including veterans) and if required by appropriate military command authorities; or to federal officials for intelligence and national security.

16. Workers Compensation: our organization will release your medical information for workers' compensation and similar programs to all parties as required by state and federal law.

Your Rights Regarding Your Medical Information: You have the following rights regarding the medical information that we maintain about you. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when necessary to treat you. In order to request a restriction on the use or disclosure of your medical information, you must make your request in writing to the address on the back of this brochure.

Requesting Restrictions: the right to request a restriction on our use and disclosure of your medical information for treatment, payment, or healthcare operations. You have the right to limit our disclosure to individuals involved in your care or the payment for your care such as family members and friends. We will use all contact phone numbers and addresses listed on the Patient Information form unless you place a restriction. You may restrict disclosure to your health plan if you have paid for the service in full, and the disclosure is not otherwise required by law. This type of request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. The request for restriction must be submitted in writing and sent to the address on the back of this brochure.

Confidential Communications: the right to request our organization communicates with you about your health and related issues in a particular manner or certain locations without stating a reason for your request. We will use all contact phone numbers and addresses listed on the Patient Information form unless you place a restriction. The request for restriction must be submitted in writing and sent to the address on the back of this brochure.

Notification of a Breach: the right to be notified if there is a probable compromise of unsecured medical information within 60 days of the discovery of the breach.