

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices contains a summary description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information. A more detailed Notice of Privacy Practices is available at our front desk and is posted in our waiting area.

Uses and Disclosures of Protected Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For treatment, payment or health care operation of another health care provider who treats you;

- For purpose of public health and safety;
- To Government agencies for purposes of their audits, investigations and other oversight activities;
- To Government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by law.

Patient Rights. As our patient, you have the following the following rights;

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- We will always provide you with a copy of the Notice upon request.

If you have a question, concern or complaint regarding our privacy practices, please contact our Privacy Officer in writing or the Secretary of the United States Dept. of Health & Human Services.