

**NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I: Uses and Disclosures

A: We may use or disclose your protected information without your written consent, written authorization or oral agreement for the following purposes.

Treatment Example: We may use your health information within our office to provide health care services to you or we may disclose your health information to another provider if it is necessary to refer you to them for services.

Payment Example: We may disclose your health information to a third party such as an insurance carrier, an HMO, a PPO, or your employer, in order to obtain payment for services provided to you.

Health Care Opportunities Example: We may use your health information to conduct internal quality assessment and improvement activities and for business management and general administrative activities.

B: We may use or disclose your protected health information without your written consent, written authorization or oral agreement under the following circumstances:

If we are required by law to provide services to you and we were unable to obtain your consent, after attempting to do so.

If there are substantial barriers to communication and we determine, in the exercise of our professional judgment, that you intend for us to treat you.

If we need to notify, or assist in the notification of a family member, personal representative or another person responsible for your care of your location, general condition or death.

If we are required to disclose your health information to your employer to evaluate whether you have a work related injury or illness.

If we are required to disclose your health information in response to a court order or a subpoena.

If we are required to disclose your health information to law enforcement official.

If we are required to disclose your health information to coroner, medical examiner or funeral director.

For research purposes.

If we in good faith believe that the use or disclosure of your health information is necessary to prevent a serious threat to the health or safety of others.

With the exception of the above circumstances, any use or disclosure of your health information will be made only with your written authorization. Your written authorization may be revoked, in writing, at any time except to the extent that we have provided services or taken action in reliance on your authorization.