

PATIENT RIGHTS

RESTRICTIONS- You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

CONFIDENTIAL COMMUNICATIONS- You have the right to request that we communicate with you in a certain way. Please inform our office of your request in writing. We will make every effort to honor your reasonable requests for confidential communications.

INSPECT AND COPY YOUR HEALTH INFORMATION- You have the right to read, review and copy your health information including your complete chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

AMEND YOUR HEALTH INFORMATION- You have the right to ask us to update and/or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not a part of our records, or if the records containing your health information are determined to be accurate and complete.

DOCUMENTATION OF HEALTH INFORMATION- You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please inform us in writing of the time period for which you are interested. Thank you for limiting your request to no more than seven years at a time. We may need to charge you a reasonable fee for your request.

REQUEST A PAPER COPY OF THIS NOTICE- You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of Privacy Practices. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our Notice. If we change our privacy practices, you will receive a copy of the revised Notice. You have the right to express complaints to the Secretary of Health and Human Services or us if you believe your privacy rights have been compromised. We encourage you to express any concerns that you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.