

Your confidentiality is our highest priority.

Our intention is to take appropriate steps to safeguard any medical or personal information that is provided to us to the fullest extent possible.

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) requires us to:

- (1) maintain the privacy of medical information provided to us;
- (2) provide notice of our legal duties and privacy practices; and
- (3) abide by the terms of our privacy practices currently in effect.

We may use and disclose health information about you for treatment, payment and treatment management reasons. For example:

We may use and disclose your personal and/or health information to communicate to a physician or other healthcare provider providing treatment to you for the purpose of continuity of care, diagnosis and treatment, and insurance billing.

We may use and disclose your personal and/or health information to obtain payment for services we provide, for instance, if you request we bill your insurance company or a third party..

We may use and disclose your personal and/or health information to provide you with appointment reminders, management communications and treatment follow-ups by telephone, voicemail, email, postcard, postal letters or text unless you request that we not use specific forms of communications.

In addition, you may give us written authorization to use your personal and/or health information and disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

You have the right to request we place additional restrictions on our use or disclosure of your personal and/or health information. We are not required to agree with these additional restrictions, but if we do, we will abide by our agreement except in a situation required or allowed by law.

You have the right to request that we amend your personal and/or health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

If you receive this notice by email or on the web you are entitled to receive and written copy.

We may disclose personal and/or health information about you when we are required to do so by federal, state or local law.

We may disclose personal and/or health information about you as required by law in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement under certain circumstances. Please note that we will assert privilege and confidentiality first and not disclose any information unless mandated to do so.

We may disclose your personal and/or health information when necessary to prevent a serious threat to the health and safety of yourself or others, or if there is a reasonable suspicion of the abuse of a child, elder or dependent.

If you feel that your information has been used improperly and you are not satisfied by our attempts to rectify the matter, you may contact the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington D.C. 20201.

You will not be retaliated against or penalized by us for filing a complaint.