

Notice of privacy practices

Our Office HIPAA policy:

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and with respect to protect your health information, and to notify affected individuals following any breach of unsecured or secured protected health information. This protected health information includes past, present, or future health status/care given to or provided by our office. We will follow the privacy practices in the above and below notice while it is in effect and will remain in effect until, we replace or update it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such things are permitted by law to allow us to make changes to our notices to better protect you and your health information. We will communicate any changes in our practices and give you an updated copy of any such changes.

We may use your health information for different purposes such as treatments, payments, health care operation's, or insurance purposes. Some information, such as HIV-related information, drug/substance abuse, and mental health records may be entitled to special confidentiality protections. We will abide by these precautions to protect any and all of your health information.

Our office strives to keep your information private and has safe guards in place to keep that information private and protected. Below is a list of ways we may use and disclose your health information.

Treatment: We may use or disclose your health information for your treatment needs. For example, if you needed to see a dental specialist, we would disclose your health information to them to help them better serve you and your health.

Payment: We may use or disclose your health information to obtain reimbursement for the treatment and services you received from us. Payment activities may include billing, collections, claims management, to get coverage and eligibility from or to your insurance company.

Healthcare Operations: We may use or disclose your health information in connection to our healthcare operations. For example, healthcare operations include quality assessments, improvement activities, training, and licensing activities.

Individuals involved in your care or payment for your care: We may disclose your health information's to your family or friends that you have identified for care options/treatment or payments.

Disaster relief: We may disclose use your health information to assist in disaster relief efforts

Required by law: We may use or disclose your health information when we are required to by law.

Public health activities: We may use or disclose your health information for public health activities, including disclosures to: Prevent or control disease, injury or disability. Report child abuse or neglect. Report reactions to medications or products/devices. Notify a person of recall, repair, or replacement of products or devices. Notify a person who may have been exposed to a disease. Notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.

National security: We may disclose to military authorities the health information of armed forces personnel under certain circumstances. We may disclose to authorized federal official's health information required by lawful intelligence counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS: We will disclose your health information to the Secretary of the U.S department of health and human services when require to investigate or determine compliance with HIPAA.

Workers compensations: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law enforcement: We may disclose your PHI for law enforcement purposed as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health oversight activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involving in the dispute. But only if effort have been, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose your PHI to researcher when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical examiners, and Funeral directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising: We may contact you to provide you with information about our sponsored activities and fundraising events. You may opt out of this. Please let us know when you are contacted

Other uses and disclosures of PHI: Your authorizations of required with a few exceptions, for disclosure pf psychotherapy notes, use or disclosures of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for

purposed other than those provided for in this notice. You may revoke and authorization in writing at this time. Upon the receipt of written revocations, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your health information rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form for this request from our office or mailing us a letter. We may charge you're a reasonable cost-based fee for the cost of the supplies and labor and for postage to make photocopies or electronic copies.

Disclosure accounting: With the exception of certain disclosures, you have the right to receive an accounting disclosure of your health information's in accordance with applicable laws and regulations. To request an accounting of disclosures of your PHI, you must submit your request in writing to our office.

Right to request a restriction: You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to our office. Your written request must include: what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payments or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf has paid our practice in full.

Alternative communication: You have the right to request that we communicate with you about our health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you've request, we will accommodate all reasonable requests. However, if we are unable to contact you using the ways you requested then we will contact you use the information we have.

Amendment: You have the right to request that we amend your PHI. Your request must be made in writing, and it must explain why the information should be amended. We may deny your records and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to notification of a breach: You will receive notification of any breaches of your PHI as required by law.