OUR OBLIGATIONS | We are required by law to:

- Maintain the privacy of health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you, and
- Follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:
The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only if you have given us your written permission to do so. We may disclose Health Information to our Practice’s Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment. We may use and disclose Health Information in order to provide you with medical care and the information needed to provide such care.

For Payment. We may use and disclose Health Information to receive payment for treatment we provide to you. For example, we may use and disclose Health Information to: (1) contact you to remind you that you have an appointment with your provider; (2) bill you or your health plan; (3) discuss your treatment alternative and health-related benefits and services with you; and (4) ask you to pay for services we have provided to you.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to help us manage our practice.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. To request a restriction, you must make your request, in writing, to our Privacy Officer. Your request must specify the Health Information you want to restrict, as well as the manner in which we will be using or disclosing it (e.g.,BILLING or TREATMENT). We will not be required to agree to a restriction, but if we do agree, we will abide by it for as long as the restriction is in effect. Please note that we may condition the提供 your use of Health Information for treatment, payment or health care operations on your agreement to the restriction.

Right to Request a Copy of This Notice. You have the right to request a copy of this notice at any time. Please make your request in writing to our Privacy Officer. We will provide you with a copy of this notice at no charge. And if you receive this notice electronically, you may be required to pay a cost-based fee for a copy of this notice if you request one on a paper basis.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice applicable to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top-right corner.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You may send your complaint in writing to our Office/Practice/Office Manager Privacy Officer.

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable, cost-based fee for the copies. Requesting access to your Health Information does not give you a right to fee you if the need for the information is covered by a bid award, a new contract or a potential contract. If we deny your request in certain limited circumstances. If we do deny your request, you will have the right to the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and you will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (as an electronic medical record or an electronic health record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. We will provide you with a list of certain disclosures in which we made Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request a copy of a written or electronic health record, you must request your request in writing, to our Privacy Officer. We will disclose to you the content, format, and other elements of the requested record.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. We have the right to request a list of certain disclosures we made for Health Information purposes other than treatment, payment and health care operations or for which you provided written authorization. To request a list of disclosures, you must make your request, in writing, to our Privacy Officer. We may modify our practices, policies, or procedures at any time. If we do modify our practices, we will inform you of the change in the notice. The changes will apply to information we create or receive after we adopt the change. If we made alterations before we adopt the change, we will notify you and give you the altered notice. If you request this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the copy.

We will provide you with a list of certain disclosures in which we made Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request a list of disclosures, you must make your request, in writing, to our Privacy Officer. We will disclose to you the content, format, and other elements of the requested record.

Right to a Paper Copy of This Notice. You have the right to ask us to give you a copy of this notice at anytime. Even if you have agreed to receive this notice electronically, you still have the right to request a paper copy. We will provide you with a paper copy of this notice at our office. To obtain a paper copy of this notice, please write our Privacy Officer or call the Practice.