



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. We respect our legal obligation to keep health information that identifies you as private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it. The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, faxing a prescription to be filled, referring you to another doctor or clinic for care or services, or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health care plan, or other sources of payment; preparing and sending bills or claims, and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits, internal quality assurance personnel decisions, participation in managed care plans, defense of legal matters, business planning, or outside storage of our records. We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we may ask you for special written permission.

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures include: when a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes, such as contagious disease reporting, investigation or surveillance; notices to and from the federal Food and Drug Administration regarding drugs or medical devices; disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws; disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies; disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;

Disclosure to a medical examiner in identifying a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations; uses or disclosures for health related research; uses and disclosures to prevent a serious threat to health or safety; uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials, for lawful national intelligence activities; for military

purposes; or for the evaluation and health of members of the foreign service; disclosures for de-identified information; disclosures relating to worker's compensation programs; disclosures of a limited data set for research, public health, or health care operations; incidental disclosures that are an unavoidable by-product of permitted uses or disclosures; disclosures to "business associates" who perform health care operation for us and who commit to respect the privacy of your health information;

### **Appointment Reminders**

Unless you object, we will also share relevant information about your care with your family or friends who are helping with your care. We will call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will leave you a reminder message on your home answering machine or with someone who answers your phone if you are not at home.

### **Other Uses and Disclosures**

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an "authorization form" is determined by federal law. Sometimes you may initiate the process if it's your idea for us to send your information to someone else. Typically in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing.

### **Your Right Regarding Your Health Information**

The law gives you many rights regarding your health information. You can:

Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment, or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at our address, fax or email. Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home by mailing health information to a different address, or by using email to your personal email address. We will accommodate these 3 requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the office contact person at our address, fax or email.

Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or

photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at our address, fax or email.

You may get additional paper copies of this notice of privacy practices upon request. It does not matter whether you got one electronically or in paper form already. If you want an additional paper copy, send a written request to the office contact person at our address, fax or email shown.

**Our Notice of Privacy Practices**

By law we must abide by the terms of this notice of privacy practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our notice of privacy practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

**Complaints**

If you think we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at our address, fax or email. If you prefer, you can discuss your complaint in person or by phone.

**For More Information**

If you want more information about our privacy practices, call or visit the office contact person at our address or phone number.

***I acknowledge that I received a copy of CSA LLC, Notice of Privacy Practices.***

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Patient Signature and Date