

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

EFFECTIVE DATE:_____

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

We will post this notice and any revised Notice of Privacy Practices on our website. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the Information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations, For example.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Public Health Activities: We may use and disclose your health information for public health activities which generally include preventing or controlling disease, injury or disability; reporting adverse effects of medications or problems with products; enabling product recalls, repairs, replacements; notifying persons exposed to communicable disease or at risk for contracting or spreading a disease; or reporting abuse or neglect under certain circumstances.

Health Oversight Activities: We may use and disclose your health information to a health oversight agency for activities authorized by law, including audits, investigations, licensure, disciplinary actions, administrative proceedings or other activities for appropriate oversight of the health care system, government programs and compliance with laws.

Law Enforcement Purposes: We may use and disclose your health information for a law enforcement purpose to comply with a subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; to respond to an official about a victim of a crime under limited circumstances; or to report a crime, location of the crime or victims or the identity, description or location of the person who committed the crime in an emergency circumstance.

Coroners and Medical Examiners: We may use and disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased person.

National Security/Intelligence Activities. We may use and disclose your health information to authorized federal officials for the purpose of conducting lawful intelligence, counterintelligence and other national security activities.

Protection of President and Others: We may use and disclose your health information to authorized federal officials for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct authorized investigations.

Workers' Compensation: We may use and disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Your Authorization: You may give us written authorization to use your health information or to 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. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

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

Serious Threat or Health or Safety: We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Military and Veteran Activities: We may use and disclose your health information if you are a member of the armed forces or separated/discharged from military services as required by military command authorities or the Department of Veteran Affairs as may be applicable. Furthermore, we may use and disclose health information about foreign military personnel to the appropriate foreign military authorities.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters),

PATIENT RIGHTS

Access: You have the right to inspect and copy your health information. We are entitled to charge you a reasonable fee related to the cost of copying your records. We may deny your request to inspect and copy your health information under certain circumstances. If you are denied access to your health information in limited circumstances, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and denial. We will comply with the outcome of the review.

Disclosure Accounting: You have the right to receive an accounting of disclosures of your health information other than to carry out treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request restrictions on the use and disclosure of your health information. We are not required to agree to these restrictions if it is not feasible for us to do so or if we believe that it would negatively impact your care. If we do comply with your request, we may not use or disclose your health information in violation of such restriction except if you are in need of emergency treatment and the information is necessary for such treatment. Furthermore, if this restricted information is disclosed, we will request that the health care provider not further use or disclose the information.

Alternative Communication; You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request if the health information that is the subject of the request: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the health information kept by or for us; (c) would not be available for you to inspect and copy; or (d) is accurate and complete.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice.

QUESTIONS AND CONCERNS

If you want more information about our privacy practices or have questions or concerns, please the Privacy Officer listed below.

If you are concerned that we may have violated your privacy rights, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will provide you with the contact information to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: _____

Telephone: _____

Fax: _____ E-Mail: _____

Address: _____