

Your Rights:

The following is a statement of your rights with respect to your protected health information:

- **You have the right to inspect and copy your protected health information.**
However, you may not inspect or copy the following records: treatment notes, information compiled in reasonable anticipation or use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Your request for inspection and copy must be in writing. Record copying will be accepted at legal copying fees.
- **You have a right to request the restriction of your protected health information.**
You may ask us not to use or disclose your protected information for the purposes of treatment, payment or operations, or that your information not be disclosed to any of your friends or family members for notification purposes. Your request must be in writing and state the specific restriction and to whom it should be applied.

Your doctor is not required to agree with your restriction request, if the doctor feels it is in your best interest to use or disclose your information. You then have the right to choose another health care professional.
- **You have the right to request to receive confidential communication from us via an alternative means or location.**
- **You have the right to receive a paper copy of this notice from us, upon request.**
- **You may have the right to have your doctor amend your protected health information.**
If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal.
- **You have a right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you of any changes by mail. You then have the right to object or withdraw, as provided in this notice.

You may complain to us or to the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not take any retaliatory action should you file a complaint against us.

Security Measures:

We restrict access to non-public information, with federally compliant physical, electronic, and procedural safeguards, to those who need to know that information at levels necessary to conduct our business.

By law, we cannot share your protected health information about care or condition with anyone, including your spouse, without written consent from you. However, we assume that we have permission to leave messages on your answering machine or voicemail, unless you request, in writing, that we do not.

We are required by law to maintain privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak to our privacy office in person or by phone.

Signature below is only an acknowledgement that you have received this Notice of Privacy Practices.

Printed Name: _____ Signature: _____ Date: _____