NOTICE OF PRIVACY PRACTICES

INTRODUCTION
This Notice describes how medical information about you, referred to as “health information,” may be used and disclosed and how you can get access to this information. This Notice applies to all of the covered entities involved in your request for any type of service. The following are general descriptions of the types of uses and disclosures we may make of your health information. The following describes the different types of uses and disclosures, the reasons for which we may use or disclose your health information, and the circumstances under which we may use or disclose your health information.

THREATS TO HEALTH OR SAFETY
Under certain circumstances, we can use or disclose your health information without your authorization.

UNREGULATED GUMPTIONS
We may use and disclose your health information for purposes that are not regulated by law. For example, we may use and disclose health information as part of routine administrative management of our office, including to train medical staff or to improve the efficiency of our operations.

WORKERS’ COMPENSATION
We may disclose health information about you if you are a claimed worker and have suffered a workplace injury. We may disclose health information to the workers’ compensation insurance company so that the insurance company can determine if you are entitled to workers’ compensation benefits.

DISCLOSURES OF INFORMATION SUBJECT TO FEDERAL DEMONSTRATION PROJECTS
The following is a summary of the limited circumstances under which we may disclose your health information to the DHHS for the purposes of the Medicare and Medicaid programs. The DHHS may disclose your health information to its contractors, and to other confidential health care providers. We may not limit any disclosure to the DHHS to any particular purpose or activity.

ACCOUNTING
We may use and disclose your health information for the purpose of raising money for one or more of the following purposes:

• To contact you regarding products or services that may be of interest to you.

• To notify you of the availability of programs, services, or products.

• To conduct research.

• To provide education or training to health care providers or other persons.

• To support the operations of the DHHS, in particular, to conduct surveillance, epidemiological studies, or other public health activities.

We may use and disclose your health information for the purpose of preparing your bill and we will send health information to your insurance company to obtain payment for services that you have received.

The following are general descriptions of the types of uses and disclosures we may make of your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
The following are general descriptions of the types of uses and disclosures we may make of your health information.

USE: We may use your health information for the purposes described in this Notice without asking your permission. For example, we may use health information about you to provide you with care, to bill insurance companies for services you have received, to complete internal quality assessment and improvement activities, or to identify whether any treatment is appropriate and effective. In some cases, we may use your health information to inform you of services or products that may be of interest to you. We may also use some of your health information, in de-identified form, in the development of research that may help improve health care for you and other patients in the future. Finally, we may use some of your health information to assist the Department of Health and Human Services in its administration of the laws that govern us. We are required to use and disclose your health information only as described in this Notice.

DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT AT THE END OF THIS SECTION.

THE NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT AT THE END OF THIS SECTION.

NOTICE OF PRIVACY PRACTICES

APPENDIX A:

APPENDIX B: PRIVACY OFFICER CONTACT INFORMATION AND LIST OF PROVIDERS/FACILITIES COVERED UNDER THIS NOTICE OF PRIVACY PRACTICES.

APPENDIX C:

APPENDIX D:

LIST OF HEALTH INFORMATION EXCHANGES REQUIRED TO BE DISCLOSED

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