



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.

At _____, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, and to provide you this notice, the terms of which are to be followed.

The law permits us to use or disclose your health information to those involved in your treatment. For example, your file might be shared with a specialist doctor we have involved in your care.

Additionally:

- We may use or disclose your health information during the payment process for our services. For example, a progress report on your treatment might be shared with your insurance provider.
- We may use or disclose your health information in conjunction with our normal healthcare operations. For example, a staff member will enter your information into a computer.
- We may use or disclose your health information with business associates, such as a billing service. We maintain written contracts with any such associates requiring them to protect your privacy.
- We may use your information to contact you directly with newsletters or other information.
- We may also call you to remind you of appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the phone.

In an emergency, we may disclose your health information to a family member or other person responsible for your care.

We may release some or all of your health information to pertinent authorities when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, we will not use or disclose your health information with your express, prior written consent.

You may request in writing that we not use or disclose your health information as indicated above. You will be informed whether we can fulfill this request.

You have the right to know of any uses or disclosures we make of your health information beyond the above-stated normal uses.

We will use whichever address and telephone number you prefer in order to contact you as needed.

You have the right to transfer copies of your health information to other practices. We will mail your files for you.

You have the right to see and receive copies of your health information, with some exceptions. Please provide a written request concerning the information you wish to see. If you want copies of your records, we may charge a reasonable fee for the copies.



You have the right to request changes or amendments to your health information. Please provide a written request concerning the information you wish to change. You may also provide a written statement for your file. We may or may not make the requested changes, but we will be happy to include your statement. If we agree to a change or amendment, we will not remove, replace, or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any detail of this notice, we will notify you in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

Before filing a complaint, or for more information or assistance regarding your health information policy, please contact our office at (323) 634-6334.

Acknowledgement

I have received a copy of the Notice of Privacy Policies from _____.

Signed: _____

Date: ___/___/_____

Print Name: _____

If signing as a parent or guardian, indicate the name of the patient: _____