



## ***DISCLOSURE OF HEALTH INFORMATION***

We use and disclose health information, payment and healthcare operations. We may disclose patient information to a health care provider. You may give us written authorization to disclose health information to anyone for any purpose. This may be revoked in writing. We need written permission before any health information is disclosed to any caregivers besides adult patient or legal guardian for a minor. We may use patient health information to obtain payment for services. We will not use health information for marketing purposes. If we suspect a possible victim of abuse, neglect or domestic violence we may disclose information as law requires. We may disclose health information with an appointment or treatment recommendation (such as voicemails, postcards, e-mail or letters).

## ***PATIENT RIGHTS***

***ACCESS:*** You have the right to look at or get copies of your health information. If you request copies we will charge you for each page, for staff time to locate and copy the information, and postage if you would like copies mailed.

***RESTRICTION:*** You have the right to request that we place additional restrictions on our use or disclosure of information.

***ALTERNATIVE COMMUNICATION:*** You have the right to request that we communicate health history in alternative means.

***AMENDMENTS:*** You have the right to request that we amend your health information. We may deny your request under certain circumstances.

## ***QUESTIONS AND CONCERNS***

If you are concerned that we may have violated your privacy right or disagree with a decision we made about access to your health information or in response to a request to amend or restrict the disclosure of health information, you may submit a written letter to the U.S. Department of Health and Human Services. If you have any further questions about our privacy practices please do not hesitate to ask us.

***SIGNATURE (PATIENT OR LEGAL GUARDIAN):*** \_\_\_\_\_

***DATE:*** \_\_\_\_\_