

## SUMMARY OF PRIVACY PRACTICES

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length Notice is available upon request.

Effective Date: Immediately

*This information is made available on request by a patient*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the Notice of Privacy Practices that follows this summary):

For medical treatment	For research
To obtain payment for our services	To avert a serious threat to health or safety
In emergency situations	For organ and tissue donation
For appointment and patient recall reminders	For workers' compensation programs
To run our Practice more efficiently and ensure all our patients receive quality care	In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You have certain rights regarding the information we maintain about you. These rights include:

The right to inspect and copy	The right to request restrictions
The right to amend	The right to a paper copy of this notice
The right to an accounting of disclosures	The right to request confidential communications

For more information about these rights, please see the detailed Notice of Privacy Practices that follows this summary.

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Signature

\_\_\_\_\_  
Date