

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information May Be Used And Disclosed, And How You Can Get Access To This Information. Please Review This Notice Carefully.

The Health Insurance Portability & Accountability Act Of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA," we have prepared this explanation of our requirements to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records for the following purposes only; treatment, payment, and health care operations, (as explained below).

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.

Payment means such activities as obtaining reimbursement for services, and utilization review.

Health care operations include the business aspects of running our practice, such quality assessment and improvement, cost management analysis, and customer service.

We may create and redistribute de-identified health information by removing all reference to individually identifiable information.

We may contact you to provide appointment reminders, test results, information on current or upcoming treatment or treatment alternatives, and other health related benefits and services.

Any other disclosures and uses will be made only with your written authorization. Authorization will be required for records release whether initiated by you or us. You may revoke such authorizations in writing, which we are required to abide by, except in cases stated above. You may request the format in which we contact you, however requests may not be honored if contact becomes necessary, and is unobtainable through a requested manner.

You have the following rights with respect to your protected health information:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, friends, or other persons identify by you. We are not required to agree to such requested restrictions.

The right to reasonable request to receive confidential communications of protected health information by alternative means or at alternative locations.

The right to inspect or request copies of your protected health information.

The right to amend your protected health information.

The right to obtain a copy of this notice upon request.

The right to file a written complaint should you feel that your privacy rights have been violated.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of your legal duties regarding privacy practices. This notice is effective October 1, 2003. We are responsible for keeping these policies current, and will post a revised notice of privacy practices as appropriate.

A MORE COMPLETE HIPPA POLICY IS AVAILABLE UPON REQUEST