

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you may have access to this information. Please review it carefully.

1. Our pledge regarding medical information: The privacy of your medical information is important to us. We create a record of the care and services you receive in our office and are committed to protecting it. This notice describes the ways we may use and share medical information about you, recognizing that you have rights regarding the disclosure of such information.
2. Our legal duty: The law requires us to keep your medical information confidential. We have the right to change our privacy practices provided that the changes are permitted by law. Before we make any important changes in privacy practices, we will change this notice available upon request.
3. Your individual rights: You have the right to look at or to get copies of your medical information. You may request a copy by signing a medical release form and will be charged \$2.00 per page. You have the right to receive a listing of when and to whom we have shared your medical information. You may request in writing that we communicate to you about your medical information at a particular telephone number or location. You may request that we change your medical information, however, your request may be denied if we did not create the medical information you wish to have changed. You may request that we further restrict the usage of your medical information beyond what is disclosed, and if we agree to do so, we will abide by that agreement. However, we are not required to agree to the greater restrictions you request.
4. Use and Disclosure of your medical information: The primary uses of your medical information will be to provide you with medical treatment, to assist in obtaining payment for your treatment, and for maintaining and improving the quality of our health care operations. We may share medical information about you to other health care providers to assist them in treating you on an emergency basis. Other less common instances where your medical information may be shared include:
  - a court order or lawful process whereby information may assist in locating a crime victim, material witness, suspect, fugitive or missing person.
  - reporting to the Food and Drug Administration for purposes of tracking adverse events associated with medications or devices.
  - reporting to public health or legal authorities charged with preventing or controlling disease, injury or child abuse.
  - notifying a person who has been exposed to a communicable disease or who otherwise may be at risk or contracting or spreading disease.

If you have any questions about this notice or feel that your privacy rights have been violated, please contact Dr. Walker in writing at the office address. Alternatively, you may submit a written complaint to the U.S. Department of Health and Human Services; you do not need to inform us if you do so.

ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_