The Health Insurance Portability and Accountability Act  
Notice of Privacy Practices

Our Legal Duty:
• We are required by applicable federal and state laws to protect the privacy of your health information.

Use and Disclosures of Health Information

Treatment:
• We may disclose your health information to a physician or other healthcare provider providing treatment to you.

Healthcare Operations:
• We may use and/or disclose your health information in connection with our healthcare operations. This includes:
  0 Evaluating student performance
  0 Conduction of student clinical education
  0 Accreditation, certification, licensing or credentialing activities

Your Authorization:
• In addition to our use of your health information for your treatment, signing this document gives us written authorization to use your health information or to disclose it to other health care providers for any legitimate purpose. You may revoke this written authorization in writing at any time.

To Your Family and Friends:
• We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

Marketing Health-Related Services:
• We will not use your health information for marketing or publicity purposes without your written authorization.

Required by Law:
• We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect:
• We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Appointment Reminders:
• We may use or disclose your health information to provide you with appointment reminders, (such as voicemail messages, letters, etc.).

Patient Rights

Access:
• You have the right to get copies of your health information. You may request that we provide photocopies. You must make a request in writing to obtain this access to your health information.

Restriction:
• You have the right to request in writing that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, (except in an emergency).

Amendment:
• You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

If you want more information about our privacy practices or have questions or concerns, please contact us.

I have read the Notice of Privacy Practices, understand, and agree to this.

_______________________________  ___________________________  ____________
Printed Name               Signature               Date