



## NOTICE OF PRIVACY PRACTICE

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

### USES AND DISCLOSURES

1. During your course of treatment it will be necessary for our practice to share your medical information in the following examples
  - Laboratory Procedures: In order to correctly identify any specimens that we forward to the laboratory, we will need to include your medical information on the laboratory request form.
  - Physician Referral: If we determine that you should be treated by another physician in a different specialty, we will need to forward your medical information to that physician's office.
  - Billing & Collections: In order for our practice to receive payment from your insurance company, we will need to share your medical information with your carrier.
  
2. On a much less frequent basis, our practice may be required to disclose confidential information without your written consent for the following legal reasons:
  - a) Uses and disclosures for public health activities;
  - b) Reporting about victims of abuse, neglect or domestic violence;
  - c) Disclosures for health oversight activities;
  - d) Disclosures for judicial and administrative proceedings;
  - e) Disclosures for law enforcement purposes;
  - f) Uses and disclosures about decedents;
  - g) Uses and disclosures for cadaveric organ, eye or tissue donation purposes;
  - h) Disclosures to avert a serious threat to health or safety; and
  - I) Uses and disclosures for specialized government functions.
  
3. Any other uses and disclosures of your health information will require your individual written authorization which you may revoke such authorization.
  
4. On occasion, our employees may contact you at home to provide appointment reminder or information about your treatment.