

## PRIVACY POLICY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND ALSO HOW YOU MAY GAIN ACCESS TO THIS INFORMATION

THIS NOTICE TAKES EFFECT ON JULY 1, 2003 AND REMAINS IN EFFECT UNTIL WE REPLACE IT

### 1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive within our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### 2. OUR LEGAL DUTY

#### *Law Requires Us to:*

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy policy, and your rights regarding your medical information.
3. Follow the terms of the current notice.

#### *We Have the Right to:*

1. Change our privacy policy and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy policy and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

#### *Notice of Change to Privacy Policy:*

1. Before we make an important change in our privacy policy, we will change this notice and make the new notice available upon request.

### 3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice

#### *For Treatment:*

1. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other people who are taking care of you. We may also share medical information about you or your other health care providers to assist them in treating.

#### *For Payment:*

1. We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying bill may include your medical information.

SIGNING BELOW DENOTES THAT YOU HAVE RECEIVED AND REVIEWED OUR PRIVACY POLICY.

PATIENT'S SIGNATURE

DATE