

Notice of Privacy Practices

Effective Date: April 14, 2003

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

We understand that medical information about you and your health is personal. We are required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect. A paper copy of this notice may be obtained from us upon request.

How We May Use or Disclose Your Health Information

We protect the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits us to use or disclose your health information for the following purposes without your authorization.

* For Treatment Information obtained by Dr. Richard will be used for your medical care. We may disclose health information about you to other physicians, or medical entities who are involved in your medical care.

* For Payment We may use and disclose your health information so that your medical services may be billed to, and payment may be collected from, you, an insurance company, or a third party.

* For Healthcare Operations We may use and disclose health information about you for office operations. Unless you provide us with alternative instructions, we may send appointment reminders, copies of medical records (ie. lab reports), billing statements, and other materials related to your health care to your home. Unless you provide us with alternative instructions, we may call your home, office, or cellular phone and leave messages or speak with the answering party to remind you of upcoming appointments, or other information related to your health care. These uses and disclosures are necessary to run our office and make sure that you receive quality customer service.

*As Required By Law We will disclose health information about you when required to do so by federal, state, or local law. *To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to

prevent a serious threat to your health and the safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

*Public Health Risks We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medication or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been a victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree and when required or authorized by law).

*For Health Oversight Activities We may disclose health information to a health oversight agency for

activities authorized by law. These oversight activities, which are necessary for the government to monitor the healthcare system, include audits, investigations, inspections and licensure.

•Lawsuits and Disputes If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

•For Specific Government Functions We may disclose health information for the following specific government functions: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; and (4) for national security reasons.

When We May Not Use or Disclose Your Health Information

Except as described in this notice, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights With Respect to Your Health Information

- * You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.
- * You have the right to inspect and copy your health information as long as Dr. Richard maintains the health information. Your health information will include all records that have been generated from our office, and not those of other offices, which we may have a copy of. To inspect or copy your health information, you must submit a written request to our office. We may charge a fee for the costs of copying, mailing or other supplies needed to grant your request.
- * You have the right to request that we amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to our office, along with the reason for the request. We are not required to amend health information that is accurate and complete.
- * You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box, or that we do not leave health information (ie. lab/test results) with anyone other than yourself, on your home answering machine, or your personal/work voice mail. To request confidential communication of your health information, you must submit a written request to our office. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

Changes to this Notice of Privacy Practices

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted in our waiting area. Upon request, we will provide a revised Notice to you.

