



## NOTICE OF PRIVACY PRACTICES

This notice describes how our staff will handle and disclose your private medical information. Please review it carefully.

We believe that all medical information is personal and we are committed to protecting it. A record of all care and services you receive from our office and staff is maintained to ensure that you receive the highest quality of care possible. This record is also necessary for us to comply with certain legal requirements.

### **We are legally required to:**

- Keep your medical information private
- Provide you with this form explaining our privacy policies and procedures
- Adhere to the current listed policies and procedures

### **We have the right to:**

- Change our privacy policies and procedures, compliant with legal requirements, at any time.
- Make any changes to our policies and procedures effective for all medical information that we keep including information already on file.

**We will not use or disclose your medical information for any purpose not listed below without your specific authorization.**

**Treatment** – Medical information about you may be disclosed to other healthcare providers to assist them in treating you.

**Payment** – Your medical information may appear on documents accompanying bills sent to you or a third party payer.

I have read and understand this notice of privacy policies and procedures.

Signature \_\_\_\_\_

Date \_\_\_\_\_