

NOTICE OF PRIVACY POLICIES

We are required by law to maintain the privacy of health information. This statement serves notice as to the rights and obligations of both parties. If you have any questions about this notice, please contact our Office Manager.

DISCLOSURE OF HEALTH INFORMATION

We will use and disclose Health Information only with your written permission. PFCA has forms available to make such requests. The following situations DO NOT require your written permission.

Treatment: We may use and disclose Health Information for your treatment to doctors, nurses, technicians, or other medical personnel outside our office who are involved in your medical care.

Payment: We may use and disclose Health Information so that you may receive payment from an insurance company or third party.

Appointment reminders: We may use and disclose Health Information to contact you and remind you of appointments with us.

Special circumstances:

- As required by law, law enforcement, national security, or antiterrorism agencies
- Protective services for the President, Heads of State, and government officials
- Military and Veterans
- Coroners and Medical Examiners
- Public Health Agencies and Health Oversight Agencies (child or elder abuse and danger to self or others)
- Workers Compensation
- Inmates and Individuals in Custody
- Lawsuits and Disputes
- Organ and Tissue Donation

Your Rights:

- Right to inspect and copy your Health Information
- Right to amend. You may request that changes be made to our records that you believe to be erroneous
- Right to an accounting of disclosures
- Right to request restrictions, unless required by law
- Right to a paper copy of this notice

Complaints: If you believe your privacy rights have been violated, you may file a written complaint with our office or the Department of Health and Human Services. To file a complaint, contact office manager. You will not be penalized for filing a complaint.