

## NOTICE OF PRIVACY PRACTICES

# WE CARE ABOUT YOUR PRIVACY

### ❖ **Our Pledge Regarding Medical Information**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of this health information that identifies you. We are also required by law to provide you with this notice of our privacy policies. The law also requires us to follow policy in effect at the time.

### ❖ **The law requires us to:**

Keep your medical information private. Give you this notice describing our legal duties, privacy practices, and your rights regarding you medical information.

### ❖ **We Have the Right to:**

Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. Any changes we make in our privacy policies will be effective for all medical information that we keep, including information previously created or received before the changes.

### ❖ **Notice of Change to Privacy Practices:**

We will update these changes as soon as they are completed and put into effect. New notices will be available upon request of our patients.

### ❖ **Standard Medical Disclosures**

The following section describes different way that we use and disclose medical information. Not every use or disclosure will be listed. Any Medical Records Release you provide may be revoked at any time by writing to us.

### ❖ **For Treatment:**

We will use your PHI so we can provide you with medical treatment or service. We may disclose your PHI information about you to doctors, nurses, technicians, medical students, referral coordinators, and any staff members involved with your care. We may also share PHI about you with other healthcare providers or office so they may treat you.

### ❖ **Payments**

We may use your PHI to bill and collect for services you have received. We will provide the minimal amount of PHI with your insurance carrier, third parties, human resource personnel, caregivers, guardians, or other involved in your treatment with regards to us receiving payment for your services.

### ❖ **For Health Care Operations**

We may disclose your PHI for our health care operations. This may be checking your insurance benefits and any appointment reminders we may use. Also included is any quality measures used to improve or maintain the following items such as employees performance reviews, training, accreditations, certificates, licenses and credentials we need to serve you.

### ❖ **Other Occasional Medical Disclosures**

In addition to using and disclosing your PHI for treatment, payment and health care operations, we may use and disclose medical information for the following purposes.

### ❖ **Disaster Relief:**

We may share your PHI with a public or private organization or person who can legally assist in disaster relief efforts.

### ❖ **Caregivers or Guardians:**

We may use your PHI to notify or help notify: a family member, your personal representative or another person responsible for you care. We will share information about your location, general condition, or death. If you are present, we will ask for your permission if possible. In case of emergency, and if you are not able to give or refuse permission, we will share only what is directly necessary for your health care, according to our professional judgment. We will use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays or medical information for you.

### ❖ **Fundraising:**

We may provide your PHI to one of our affiliated fundraising foundations to contact you for fundraising purposes.

### ❖ **Research in Limited Circumstances:**

We may use your PHI for research purposes in limited circumstances where the research has been approved by a review board ensuring the procedures to maintain your PHI.

### ❖ **Health Oversight Activities:**

We may provide your PHI to any agency authorized by law. These activities may be investigations, inspections, audits, licensure, or agency monitoring our health care systems.

### ❖ **Military or National Security Issues:**

We may provide your PHI if you are a member of US Military or veteran of such service. Any matter which may affect national security that are authorized by law.

### ❖ **Inmates:**

We may provide your PHI to correctional institutions or law enforcement to continue or maintain your current care.

### ❖ **Workers' Compensation:**

We may provide your PHI to any workers compensation insurer, boards, or similar system.

### ❖ **Your Right Regarding Your PHI:**

You have the right to expect confidentiality with regards to your information. You may request this communicate with you be at a certain location, phone number, mail or email.

### ❖ **Requesting Restrictions of your PHI:**

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Your may also restrict us to only communication with designated persons regarding your care. However, we are not bound by this request unless we agree to these restrictions. Then we are obligated by law to follow your request.

### ❖ **Rights To A Current Copy Of This Policy:**

You have the right to be able to read, ask for a copy or faxed request of this policy at anytime. .

### ❖ **Any Questions Relating To This Policy:**

### ❖ **Policy Provide By The Following:**

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\_\_\_\_\_, DPM  
11515 Durham Road, Suite E-1, Tigard, OR 97224  
P: [ 503 ] 624-0364 or F: [ 503 ] 684-3306