

## NOTICE OF PRIVACY PRACTICES

**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.**

### Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

You have the right to:

Ask to see or get an electronic or paper copy of your medical record and other health information we have about you (usually within 30 days of your request)

Ask us to correct your medical record that you think is incorrect or incomplete

Request confidential communication

Ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit the information we use or share

Get a list of those with whom we have shared your information

Get a copy of this privacy notice

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you believe your privacy rights have been violated

You can complain if you feel we have violated your rights by contacting us using the Information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/orc/privacy/hipaa/complaints/](http://www.hhs.gov/orc/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation

Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following case, we never share your information unless you give us written permission:

Marketing Purposes

Sale of your information