

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.

SUMMARY OF YOUR PRIVACY RIGHTS

We may share your health information to:	We may use your health information for:
<ul style="list-style-type: none"> • Treat you (E-1) • Get paid (E-2) • Run our practice (E-3) • Tell persons expressly approved by you about your condition (E-4) • Provide information to other doctors who will be caring for you through our electronic health record (E-1, B-2, B-9) • Tell you about other health benefits and services (F-2) • Do research with your authorization (B-5, F-3) 	<ul style="list-style-type: none"> • Appointment reminders (F-1) • Workers' compensation requests (F-4) • Organ and tissue requests (F-5) • Public health and safety reasons (F-6, F-7) • Law enforcement requests (F-8, F-9) • Military purposes (G-1) • National security reasons (G-2, G-3) • Coroner, medical examiner or funeral director use (E-5) • Lawsuits (B-3)

You have the right to:

- Get a copy of this privacy notice (C-1)
- Get a copy of your medical record (C-2)
- Change your medical record if you think it is wrong (C-3)
- Request how we communicate with you (C-4)
- Ask us to limit the information we share (C-5)
- Get a list of those with whom we share your health information (C-6)
- Complain in writing to us if you believe your privacy rights have been violated (H)

You will find more information about these topics on the attached pages – see reference numbers above.

Notice of Integrated Medical Record

This document serves to inform you that this medical office and your physician participate in a shared electronic health record called the Integrated Medical Record (IMR). The IMR improves patient care by allowing for the sharing of your protected health information between this office and other medical offices and physicians involved in your care that participate in the IMR. The shared record means that all of your physicians will have immediate access to your medical information, allowing for faster and more convenient care. Your photo will be taken to complete your medical record. Participation in the IMR affects medical record releases requested by you or other parties.

Please be assured that we have taken extensive measures to safeguard your information. There are multiple layers of security built into the IMR system.

Your signature below indicates that you have received this Notice of Privacy Practices and Integrated Medical Record.

Name of Patient

Signature of Patient or Representative

Date