

- **Payment** – Your health care information will be used in order to receive payment for services rendered by this Clinic. A bill may be sent to either you or a third party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.
- **Health Care Operations** – The medical staff in this Clinic will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.
- **Business Associates** – Some or all of your health information may be subject to disclosure through contracts for services to assist this Clinic in providing health care. To protect your health information, we require these Business Associates to follow the same standards held by this Clinic through terms detailed in a written agreement.
- **Notification** – Your health record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well-being or your whereabouts.
- **Communications with Family** – Using best judgment, a family member, or close personal friend, identified by you, may be given information relevant to your care and/or recovery.
- **Worker's Compensation** – This Clinic will release information to the extent authorized by law in matters of worker's compensation.
- **Public Health** – This Clinic is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This Clinic is further required by law to report communicable disease, injury, or disability.
- **Law Enforcement** – This Clinic may disclose your health information to the police or other law enforcement officials as required or permitted under state law or in response to a valid court order or a grand jury or administrative subpoena.
- **Health Oversight Activities** – This Clinic may disclose your health information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with rules of governmental health programs, such as Medicare or Medicaid.
- **Victims of Abuse, Neglect or Domestic Violence** – If this Clinic reasonably believes you are a victim of abuse, neglect or domestic violence, it may disclose your health information to the appropriate governmental authority, authorized by law to receive reports of such abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** – This Clinic may disclose your health information in the course of a judicial proceeding in response to a legal order or other lawful purpose.
- **As required by Law** – This Clinic may use and disclose your health information when required to do so by any other law not already referred to in the preceding categories.

Use or disclosure of your health information with written authorization

Any other use or disclosure of your health information, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, except to the extent this Clinic used or disclosed your health information in reliance of your authorization.

To receive additional information or report a problem

For further explanation of this notice you may contact our Compliance Director at 1-800-580-6285. If you believe your privacy rights have been violated, you have the right to file a complaint with our Compliance Hotline at 1-800-428-8778 or with the United States Secretary of Health and Human