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## NOTICE OF PRIVACY PRACTICES

**This notice describes how your health information may be used and disclosed and how you can access this information. Please review carefully. This notice goes into effect as December 2010.**

**We have always kept all health information secure and confidential. The law requires us to continue maintaining your privacy, to provide you with a copy of this notice, and to follow the terms of this notice:**

- The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a medical doctor/specialist whom we may involve in your care.
- We may use or disclose your health information for payment of your services; for example, we may send a report of your progress to your insurance company.
- We may use or disclose your health information for our normal healthcare operations; for example, one of our staff members will enter your information into our office computer system.
- We may share your medical information with our business associates, such as our billing service. We have a written contract with each business associate that requires them to protect your privacy.
- We may use your information to contact you; for example, we may send newsletters or other information pertaining to patient wellbeing and product updates. We may also want to call to remind you of your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency, we may disclose your health information to a family member or to another person responsible for your care.
- We may release some or all of your health information when required by law.
- If this practice is sold, your information will become property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above. We must inform you if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your health information to another practice. We can mail the files for you.
- You have the right to see and receive a copy of your health information, with a few exceptions. You must provide us with a written request regarding the information you wish to see. If you request copies of your records, we will charge a reasonable processing fee.
- You have the right to request an amendment or change to your health information. Provide us with your request in writing for changes or amendments. If you wish to include a statement in your file, please give it to us in writing.
- We may or may not include the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.
- You have a right to a copy of this notice.
- If we change any of the details of this notice, we will notify you of the changes in writing.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our office at 818-991-3800.

**Acknowledgement: I have read and received a copy of this Notice of Privacy Practices.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's name if signing as a parent or guardian: \_\_\_\_\_