

Notice of Privacy Practice

- You can ask for a list of times we shared your health information with who and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures that you asked this office to make.
- You can ask for a paper copy of this notice any time, even if you agree to receive this notice electronically.
- If you have given someone medical power of attorney, or if you are someone's legal guardian, that person can exercise your rights and make choices about your health information. We will ask for the proper paperwork prior to disclosing your personal health information.
- We can share your personal health information about you in certain situations such as:
 - Preventing disease
 - Product recalls
 - Report adverse reactions to medication
 - Report suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
 - Comply with the law, state and federal
 - Workers' Compensation claims
 - Law Enforcement
 - Health oversight agencies for activities authorized by law
 - Special government functions; military, national security
 - Respond to a Court Order, or a subpoena