



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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information. We are also required by law to do this. These laws are complicated, but we must provide you with important information. This form is a shorter version of the full, legally required NPP, which is available on request. However, we can't cover all possible situations, so please talk to our Privacy Officer (see the end of this form) about any questions or problems.

We use the information about your health, which we get from you or from others, mainly to provide you with **treatment**, to arrange payment for our services, or for some other business activities that are called, in the law, health care **operations** (such as billing your insurance company). After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. **If you do not sign the Consent Form, we cannot treat you.**

If you or we want to use or disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an Authorization to allow this.

Of course, we will keep your health information private, but there are some times when the laws require us to use or share it, such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. A law enforcement official requiring us to do so.
4. For insurance billing, Workers Compensation, and similar benefit programs.

There are some other situations like these, which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you, such as your medical billing records and psychotherapy notes. You can even get a copy of these records, but we may charge you. Contact our Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP, we will post it in our waiting room. You can get a copy of the NPP at any time from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Lee Webster, at 715-842-0944 or 1-800-236-3792.

The effective date of this notice is April 14, 2003.