

**RECORDS TO ANY OTHER ENTITY BUT YOU, UNLESS THE ATTACHED AUTHORIZATION FORM IS COMPLETED AND SIGNED.**

You may revoke such authorizations in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a *written request* to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person indentified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and receive a copy of your protected health information. There is a fee involved with this service.
- The right to amend your protected health information
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to obtain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Private Practices currently in effect. We reserve the right to change the terms of our Notice of Private Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Private Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our Privacy Complaint Officer. You may also file a complaint with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the polices and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information. For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights  
200 Independence Ave, S.W.  
Washington, D.C. 20201  
(202) 619-0257 Toll Free: 1-877-696-6775