



## 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.*

Our staff uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of our organization.

### How We May Use or Disclose Your Health Information

**For Treatment:** We may use your health information to provide you with medical treatment or services.

**For Payment:** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Service Operations:** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of our staff to evaluate the performance of our staff, assess the quality of care and outcomes in your cases and similar cases, learn how to improve our facilities and services, and determine how to continually improve the quality and effectiveness of the services we provide.

**Appointments:** We may use your information to provide appointment reminders.

**Required by Law:** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes: judicial and administrative proceedings pursuant to legal authority, to report information related to victims of abuse, neglect or domestic violence, or to assist law enforcement in their law enforcement duties.

**Worker's Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Other Uses:** Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken in reliance on such.

### Your Health Information Rights

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided; however, we are not required to agree to a requested restriction;
- obtain a paper copy of this notice of Privacy Practices upon request;
- inspect and obtain a copy of your health record as provided by law;
- amend your health record as provided by law
- request communications of your health information except to the extent that we have already taken action based upon your authorization; and
- receive an accounting of disclosures made of your health information

### Our Obligations

Law requires us to:

- maintain the privacy of protected health information;
- provide you with this notice of legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed above or permitted by law

**Complaints:** You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

*We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be made available to you at our offices or via our website at [www.theramatrix.com](http://www.theramatrix.com).*