

### **Notice of Privacy Practices**

This notice is a brief description of how medical information about you may be used and disclosed. It also informs you of how to obtain this information yourself.

#### **Our Obligation:**

By law, we are required to:

- Maintain the privacy of protected Health Information.
- Give you this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of our current policy that is in effect.
- Disclose personal health information to L&I or a self-insured employer if you are treated under a workers' compensation claim.
- Disclose personal health information to an employer without an authorization from you if that information is about a workplace injury or illness, light duty work, workplace medical surveillance, or a return to work evaluation.

#### **How We May Use and Disclose Health Information:**

The following are reasons for us to utilize and disclose your Health Information: treatment, payment, health care operations, appointment reminders, treatment alternatives, health-related benefits, and services, individuals involved in your care or payment of your care, and research. Individuals involved in your care include, but are not limited to: vocational rehabilitation counselors, nurse case managers, doctors, interpreters, and therapists.

#### **Special Situations:**

There are certain situations that require us to use your Health Information. These include as required by law and/or to avert a serious threat to health or safety. We may also disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

#### **Your Rights:**

You have the following rights: to inspect and copy, amend, accounting disclosures, request restrictions, request confidential communication, and paper copy of this notice.

#### **Changes to This notice:**

We reserve the right to change this notice and make the new notice apply to the Health Information we already have as well as any information we receive in the future.

#### **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary or the Department of Health and Human Services. To file a complaint with our office, contact our office manager. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

By signing below you understand and are in agreement with this Privacy Policy.

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**Patient Signature**

**Date**