

## NOTICE: PATIENT PRIVACY

We are committed to preserving the privacy of your personal health information. We are required by law to protect the privacy of your medical information and to provide you with notice describing:

### HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

- \* We may use or disclose to others your medical information both created and received by the practice in the form of written or electronic records or spoken words for the purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment. The information disclosed may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions and similar types of health related information.
- \* We may be required or permitted by certain laws, regulations, or circumstances to use and disclose your medical information for other certain purposes without your consent or authorization. Under other circumstances, we may need your written authorization (that you may later revoke) in order to use or disclose your medical information.
- \* As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.
- \* We have available a detailed **NOTICE OF PRIVACY PRACTICES** which fully explains your rights and our obligations under the law. We may revise our **NOTICE** from time to time. The Effective Date at the lower right hand side of this page indicates the date of the most current **NOTICE** in effect.
- \* You have the right to receive a copy of our most current **NOTICE** in effect. If you have not yet received a copy of our current **NOTICE**, please ask at the front desk and we will provide you with a copy.
- \* If you have any questions, concerns or complaints about the **NOTICE** or your medical information, please contact Becky our compliance officer at 503-234-1531.
- \* At this facility, we have several patients being treated by different physicians or therapists at one time. When this occurs, you may be visible by other patients and may be able to be overheard when speaking with them or with our medical assistants. We do maintain your privacy as much as possible during your treatment.
- \* Though we use dividers to restrict the view of other patients and use exam rooms, others may be able to see and/or hear conversations with your physician, therapist or medical assistant. We will maintain your privacy as much a physically possible during your treatment.

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Patient Signature

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Date

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Patient Guardian/Representative Signature

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Date

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Description of Representative's Authority

Effective 02/01/2011