

Patient Authorization for Use and Disclosure of Protected Health Information

For Treatment: Your health information may be used with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in your health care. We may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work or diagnostic testing. This may include family members. We may also release medical information about you for workers' compensation or similar programs. The release of such information is controlled by state and/or federal law. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

For Payment: We may use and disclose medical information about you so that treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. We may also tell your health plan information about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you are due for an appointment or have an appointment scheduled for treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information about you to people preparing to conduct a research project, the project will have been approved through a research approval process. We may however, disclose your medical information to people preparing to conduct a research project to help them look for patients with specific medical needs. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to obtain an order protecting the information requested.

To Avert A Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

Special Situations: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information to foreign military authority. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for our office to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You: You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about your care, you must submit your request to the office manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.