



# Confidentiality and Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## **Your Rights**

You have the right to:

- Get a copy of your treatment record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **Our Uses and Disclosures**

We may use your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Respond to releases with your consent

## **Our Responsibilities**

We are required to:

- Never deny you of your records
- Maintain the privacy and security of your protected health information, as required by HIPAA and 42 CFR Part 2
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
- Follow the duties and privacy practices described in this notice and give you a copy of it
- Not use or share your information other than as described here unless you tell us in writing we can
- If you tell us we can, you may change your mind at any time; let us know in writing if you change your mind
- Limit what we share if you request that only specific information from your record be shared via written consent with outside entities; we will comply with your request and notify you if we must do otherwise (for instance, if required by law)