

Please contact our Privacy Officer to make this request in writing. Your request must specify where or how the communication is to be directed.

- ◇ **You have the right to request that we amend your protected health information.**  
If you believe that protected health information we have about you is incorrect or incomplete, you may request an amendment to this information.

We may not grant your request if we determine that the protected health information that is the subject of your request:

- ◇ was not created by our organization
- ◇ is not a part of your medical or billing records
- ◇ is information that you are not permitted to inspect or copy
- ◇ is already a complete and accurate record

Amendment requests must be made in writing and must include a reason for requesting the amendment. If you wish to amend your record, you may contact our Privacy Officer for a form.

- ◇ **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than you, except for disclosures:

- ◇ to carry out treatment, payment and health care operations as described above
- ◇ to persons involved in your care or for other notification purposes as provided by law
- ◇ for national security or intelligence purposes as provided by law
- ◇ to correctional institutions or law enforcement officials as provided by law
- ◇ that occurred prior to April 14, 2003

You are allowed one free disclosure per each twelve-month period. If you wish additional disclosures within that twelve-month period, we may charge you the cost of providing the disclosure list.

Your request for a disclosure accounting must be made in writing. Please contact our Privacy Officer to obtain a form.

- ◇ **You have the right to file a complaint.**  
If you believe that your privacy rights have been violated, you have a right to file a complaint in the form of a written letter with our office and with the Secretary of Health and Human Services without fear of retaliation.

A letter of complaint filed with this office should be sent to our Privacy Officer at the address listed below.

- ◇ **You have the right to request and receive a paper copy of this notice from our office.**

#### **Revisions to Our Privacy Notice:**

We are required to abide by the terms of this Privacy Notice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Privacy Notice. You may obtain this by calling our office and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.

#### **Questions/Contact:**

If you have questions about this document, or have questions about privacy or patient rights, please contact our Privacy Officer.

**Privacy Officer Name:**

**Address:**

**Phone Number:**