

+“Protected health information” Is Individually Identifiable health information transmitted or Maintained by electronic or other media.

We use and disclose only the minimum Protected health information to perform Services for you. *Examples of such use and disclosures are:*

Treatment

We use and discuss your health information To treat you. We may obtain this date from You or other health care provider. We may Disclose this health information to another Health care provider to treat you. We may use This information to contact you prior to an Appointment.

Payment

We use and disclose your health information to Obtain payment for the services we provide to You. This may include contacting an insurance Company or health plan regarding your coverage.

Operations

We use and disclose your protected health information For activities that are related to the operation of our Office. This may include reviewing the qualifications And performance of our health care professionals, Conducting training programs, accreditation, Certifications, licensing or credentialing activities.

Authorization

We may use your protected health information for Other purposes if you have authorization us in Writing to do so. However, we do not use your Health date in this way and will not ask your Authorization to do so.

We limit how, when and where we disclose Your protected health information. When we Do so, we disclose only the minimum information Required.

Examples include:

Law

We must disclose protected health information if Required by law, a warrant or court order, or to Report information about a crime victim.

Public Health

We may disclose protected health information to public health or government oversight agencies As authorized by law.

Research

Under limited circumstances we may disclose protected health information about you for research purposes if steps are taken to protect your privacy.

Safety

We may disclose protected health information to prevent a serious threat to the health and safety of you or other from taking place.

We protect your right regarding your protected health Information. You have rights regarding your protected Health informaion.

These rights include:

Access

You may review and obtain a copy of the protected health Information we keep. We may charge you a reasonable fee For copying.

Amendments

You may request that we amend your protected health information. This request must be in writing and state the reason you are requesting the amendment. We will contact you in writing about your request and inform you of our Decision and any other rights you have in this area.

Accounting

you may request that we acct for any disclosures we have made of your protected health information. This request must be in writing and my not be for a period longer than six years and not include dates before April 14,2003. We may charge You for this.

Restriction

You may request that we restrict our disclosure of your protected health information. However, We are not required to agree to this request.

Communications

You may request that we communicate with you about your protected health information in a Certain manner, time or place. Your request must be in writing and we will honor all reasonable requests.

Copy

You will receive a paper copy of this notice on request.

We maintain safeguards to protect your Protected health information. Only our team and persons who are legally obligated to insure the safety of your protected health information have access to data. We physically protect the information and train our team about their duty to protect your data.

Changes to our privacy policies and Procedures

We may change the policies and procedures in this Notice. If we make a material change in our policies and procedures we will provide you with an An updated copy of privacy practices.

How to contact us regarding your privacy rights

If you have any questions about your privacy rights Or this notice, complaints about how we have Protected the privacy of your protected health Information please contact the person listed below.

Contact Person:

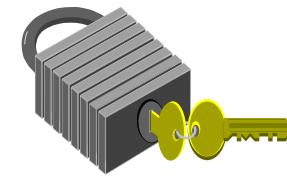
LaJuan Hall or Office Manager

**HOW TO FILE A HEALTH INFORMATION
PRIVACY COMPLAINT WITH THE
OFFICE FOR CIVIL RIGHTS**

<http://www.hhs.gov/ocr/howtofileprivacy.htm>

Region 1X-AZ,CA,HI,NV,AS,GU, The U.S.
Affiliated Pacific Island Jurisdictions
Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza-Room 322
San Francisco, CA 94102
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX

Privacy Practices



THIS NOTICE DESCRIBES
HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED &
DISCLOSED & HOW YOU CAN
GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT
CAREFULLY