

Please keep this copy for your records. Thank you, Dr. Politis.

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Notice of Privacy Practices (Brief Version)

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This notice is a shorter version of the full, legally required **Notice of Privacy Practices (NPP)**.

How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with treatment, to arrange payment for our services, and for some other business activities, which are called, in the law, health care operations. After you have read this notice we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you. If we or you want to use or disclose (send, share, release) your information for any other purposes than those described in this document, we will discuss this with you and ask you to sign an **Authorization Form** to allow this.

Disclosing your health information without your consent

There are some times when the laws require us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official require us to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these but which don't happen very often. They are described in the longer version of this notice.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we charge for it. Please discuss with us how to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information.
5. You have the right to a copy of this notice. If we change this notice we will post the new version in our waiting area and you can get a copy from us.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. If you have any questions regarding this notice or our health information privacy policies, please contact us by phone or email above.

The effective date of this Notice of Privacy Practices is January 1, 2009.