

Timothy Murbach, ND

Effective: January 1, 2006

This notice describes how medical information about you may be used and disclosed and your rights regarding this information.

PLEASE REVIEW IT CAREFULLY

We are committed to preserving the privacy of our identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you.

We are required by law to:

- ❖ Make sure that medical information that identifies you is kept private;
- ❖ Give you this notice of our privacy practices regarding medical information about you; and
- ❖ Follow the terms of the notice that is currently in effect.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

❖ **Treatment.**

We may use your identifiable health information to provide the proper service to you. Additionally, we may disclose this information to others who may assist in your care, such as physician, therapists, spouse, children and parents.

❖ **Payment.**

We may use and disclose your identifiable health information in order to bill and collect payment for the services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and/or request prior approval for the services that you are requesting. We may also use this information to obtain payment from third parties that may be responsible for such cost, such as family members.

❖ **Release of Information to Family/Friends.**

We may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.

Disclosures Required by Law. We will use and disclose your identifiable health information when we are required to do so by federal, state and local law. Additionally, we will use the information if you are an inmate or under the custody of a law enforcement official.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

❖ **Right to Inspect and Copy.**

You have the right to inspect and receive copy of the medical information that may be used to make decisions about your care. You **may** be charged a **fee**.

❖ **Right to Amend.**

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

❖ **Right to Request Restrictions.**

You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment or payment. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care like a family member or friend.

❖ **Right to Request Confidential Communications.**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

We reserve the right to change this notice. We can make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services (877) 696-6775. To file a complaint with us, contact Timothy Murbach, ND at (503) 383-1256.