

# Notice of Privacy Practices to Protect the Privacy of Healthcare Information

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

**When it comes to your health information, you have certain rights.** This section explains your rights and my responsibility to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get a paper copy of your medical record and other health information I have about you.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

### Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask me to contact you in a specific way (for example, cell or other phone) or to send mail to a different address.

### Ask me to limit what I use or share

- You can ask me not to share certain health information for treatment or payment.
- If you pay for a service or health care item out-of-pocket in full, I would not share that information for the purpose of payment with your health insurer.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time. I can provide you with a paper copy or electronic copy.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action. I would ask you to sign a Release of Information Form.

## **Uses and Disclosures**

### **You can request that information be released**

I would ask you to sign a Release of Information Form

### **Bill for your services**

Insurance companies need dates of service and a diagnosis to process claims.

### **Help with public health and safety issues**

I can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Comply with the law**

I will share information about you if state or federal laws require it.

### **Respond to lawsuits and legal actions**

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **My Responsibility**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know if a breach occurs that may have compromised the privacy or security of your information.
- I will follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless I have your permission in writing.

**Changes to the terms of this Notice will be available upon request and on my website: [dsteier.com](http://dsteier.com).**

Effective Date of this Notice: July 1, 2022