

NOTICE OF PRIVACY PRACTICES

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**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.**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand how your health information is used.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. We may disclose your health information to another physician providing treatment to you.
- **Payment** means such activities as obtaining reimbursement for services provided to you, confirming coverage, billing and/or collection activities.
- **Healthcare Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service.

We may contact you to provide appointment reminders (such as voice messages, postcards, or letters) or information about treatment alternatives or other health-related/cosmetic benefits and services that may be of interest to you.

We may use or disclose your health information when we are required to do so by law.

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect your protected health information. If you request copies, we will charge you \$25.00 for staff time to locate and copy your health information, and postage if you want the copies mailed to you.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice of Privacy Practices. We will post and you can request a written copy of a revised Notice of Privacy Practices.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request.

We support your right to the privacy of your protected health care information. We will not retaliate in any way if you chose to file a complaint with us or the U.S. Dept. of Health and Human Services.

Contact Officer: Leslee Browning
Telephone: (401)596-0888
Address: 11-4 Wells Street
Westerly, RI 02891