

Notice of Privacy Practices

This Notice describes how health information about you may be used and disclosed and how you can get access to this information.

The privacy of your health information is important to us.

Our Legal Duty:

We are required by applicable federal and state law to maintain the privacy of your protected health information. WE are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

We reserve the right to change our privacy practices and terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and provide the new Notice at the practice location, and we will distribute it upon request.

Your Authorization: In addition to our use of your health information for the following purposes, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you can revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

Treatment: We may use or disclose your health information for your treatment.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

To you or your personal representative: We must disclose your health information to you, we may disclose your health information to your personal representative, but only if you agree that we may do so.

Persons involved in care: We may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with the opportunity to object to such uses or disclosures. In the event of your absence or incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare.

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

Decedents: We may disclose health information about a decedent as authorized or required by law.

Disaster Relief: We may use or disclose your health information to assist in disaster relief efforts.

Public Health and Public Benefit: We may use or disclose your health information to report abuse, neglect, or domestic violence; to report disease, injury, and vital statistics; to alert someone who may be at risk of contracting or spreading a disease; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with workers' compensation or similar programs.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient under certain circumstances.

Appointment reminders: we may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Access: you have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form from the front office. If you request copies, we will charge you \$4.00 per x-ray and \$.50 for each page to copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPPA) if the protected health information pertains solely to a health care item or service for which we have been paid out of pocket in full.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Questions and complaints: if you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about acces to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information you may complain to us at the address listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

Melinda Judd D.M.D.
355 SE Baker Street
McMinnville, OR 97128

I, (print name) _____, have received a copy of the Notice of Privacy practices.

Signature: _____ Date: _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement

Notes:

