

## NOTICE OF PRIVACY PRACTICES OF INJURY SPECIALISTS

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.

### Uses and Disclosure of Health Information:

Without your consent, we may use health information about you for treatment (such as sending your medical record information to a specialist's physician as part of referral), to obtain payment for treatment (such as sending billing information to a health insurance plan), and for administrative purposes (such as comparing patient data to improve treatment methods).

We may also use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, abuse or neglect reporting, auditing purposes, research studies, coroners, funeral arrangements and organ donations, workers' compensation purposes, judicial/administrative proceedings, specialized governmental functions and emergencies. We may also disclose identifiable health information to your relatives or friends involved in your treatment or payment for your treatment. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also contact you to leave you messages about appointment reminders or treatment alternatives. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area, in each examination room, and on our Web site as applicable. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

### Individual Rights:

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about your care. You also have the right to receive a limited list of instances where we have disclosed health information about you. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes. We will consider your request but are not required to accept it.

### Complaints:

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

### Our Legal Duty:

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints regarding privacy, please contact our Privacy Officer at (314) 895-3002 ext. 112

RECEIPT ACKNOWLEDGED: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_