

This Notice of Privacy Practices describes how Dr. Voor may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by Dr. Voor for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your protected health information. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: Dr. Voor will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. Dr. Voor will also disclose protected health information to other professionals who may be treating you.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services Dr. Voor recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

Dr. Voor may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: Dr. Voor may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Health Oversight: Dr. Voor may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: Dr. Voor may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, Dr. Voor may disclose your protected health information if Dr. Voor believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: Dr. Voor may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: Dr. Voor may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, Dr. Voor may disclose your protected health information, if Dr. Voor believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Dr. Voor may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, Dr. Voor may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. Dr. Voor may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Dr. Voor may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: Dr. Voor may use or disclose your protected health information if you are an inmate of a correctional facility and Dr. Voor created or received your protected health information in the course of evaluating or providing treatment to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, Dr. Voor will no longer use or

disclose your protected health information for the reasons covered by your written authorization. Please understand that Dr. Voor are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object
Dr. Voor may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Dr. Voor may, using professional judgement, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, Dr. Voor may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, Dr. Voor may disclose such information as necessary if Dr. Voor determines that it is in your best interest based on our professional judgment. Dr. Voor may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, Dr. Voor may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as Dr. Voor maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that Dr. Voor and the practice uses for making decisions about you. As permitted by federal or state law, you may be charged a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding that are subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask Dr. Voor not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Dr. Voor is not required to agree to a restriction that you may request. If Dr. Voor does agree to the requested restriction, Dr. Voor may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with Dr. Voor.

You have the right to request to receive confidential communications from Dr. Voor by alternative means or at an alternative location. Dr. Voor will accommodate reasonable requests. Dr. Voor may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Dr. Voor will not request an explanation from you as to the basis for the request. Please make this request in writing.

You may have the right to have Dr. Voor amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as Dr. Voor maintains this information. In certain cases, Dr. Voor may deny your request for an amendment. If Dr. Voor denies your request for amendment, you have the right to file a statement of disagreement, and Dr. Voor may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures Dr. Voor has made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures Dr. Voor may have made to you if you authorized her to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from Dr. Voor, upon request, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

You may complain to Dr. Voor or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint by notifying Dr. Voor (Privacy Officer). Dr. Voor will not retaliate against you for filing a complaint.

Patient Name (Please Print)

Patient / Guardian Signature

Date