## **Notice of Privacy Practices**

Each time you visit Dr. Percy Nelson's office a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This notice applies to all of the records of your care generated by the office, whether made by the physician or staff member in the office.

## Our Responsibilities:

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices.

## **Uses and Disclosures:**

How we may use and disclose Health information about you.

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other hospital personnel who are involved in taking care of you at the office. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you leave the office.

**For Payment:** We may use and disclose health information about your treatment and service to bill and collect payment from you, your insurance company or a third party payer. We may also tell you health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operation: Members of the medical staff may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may disclose information to doctors, nurses, and students for educational purpose. And we may combine health information we have with that of other doctors office and hospital to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

## We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing for it.
- To remind you that you have and appointment for medical care.
- To assess your satisfaction with our services.
- To tell you about possible treatment alternatives.
- To tell you about health related benefits or services.
- When disclosing information, primary appointment reminders and billing/collections efforts, we may leave messages on your answering machine or voice mail.

**Organized Health Care Arrangement**: The office and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared if necessary to carry out treatment payment and healthcare operations. Physician and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or legal Authorities charged with preventing or controlling disease, injury or disability.
- Workers Compensation Agents
- Health oversight Agencies