

# Jessica Davis MD

*The New Mom's Family Doctor*

781 Hudson Avenue | PO Box 173 | Stillwater, NY 12170  
phone: 877.664.6116 | email: DrJess@jessicadavismd.com

## PRACTICE POLICIES

If you haven't noticed already, my practice is set up a bit differently than a traditional medical office. There is no receptionist, medical assistant or billing specialist. Having no additional staff means you will have more direct and personal contact with me regarding all aspects of your health care, which I believe will give us both enormous satisfaction. However, it also means that some of the clinic policies will be different from what you're used to. Please read below about the policies specific to this practice. If you have questions about anything, please contact me directly.

**Respect Policy:** Mutual respect, honesty, integrity, understanding, patience and compassion are at the core of the patient-physician relationship and should guide all processes therein.

**Office Hours:** Office Hours are subject to change. Check my website for current hours, and use the online appointment schedule to find available appointment times. Office or home visits at other times may be possible by prior arrangement, but subject to a \$25 "After Hours Care" surcharge. Phone/email visits may also be an option for after hours care.

**"Open Access"- Same Day appointments:** There will usually be same-day appointments available in the online schedule for members with acute symptoms that need to be seen within 24 hours. If all visit slots are filled, and you still need an appointment, call Dr. Davis to make arrangements. The office is not currently able to take walk-in visits.

**Appointment Scheduling:** As an established patient, please use my webpage link to the online scheduler for routine visits. Please email or call only if you are having trouble finding a time that works for you. If you need an urgent appointment within 24 hours, please call the office number directly.

**Late Policy:** I hope once you realize you will be seen on time, you won't have any reason to show up late! Still, I understand that on occasion it is impossible to be on time. If you do show up late, we will discuss your options. If my next patient is not due for some time, we may decide to proceed with your visit. Depending on the timing, this may need to be a shorter appointment than you would have had otherwise, and we may need to limit ourselves to discussing only your most pressing issue. Alternatively, we may decide we need to reschedule for a different day. If this happens, you will be charged the relevant cancellation fee. On the other hand, if I ever keep you waiting more than 15 minutes past your scheduled time, I will give you \$5 back!

**Form Completion Policy:** All paper forms, (school physicals, FMLA, etc) should be submitted for completion at the time of service. Most forms need an appointment in order to be filled out. Forms that are not completed at an appointment may be subject to a completion fee depending on complexity and the length of time needed to complete the form.

**Antibiotics:** I will rarely prescribe antibiotic medications over the telephone. With improved access to acute patient visits, an appropriate physical examination will normally be necessary before antibiotic prescriptions.

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**Narcotics and controlled substances:** I do not prescribe narcotics except in extremely rare circumstances. In these circumstances, patients requiring narcotics and/or controlled substance medications for longer than a one month period for acute medical issues will be required to sign a contract stating they will receive their controlled substance prescriptions only from Dr. Davis and from a single pharmacy agreed upon by the patient and Dr. Davis. Any patient that becomes a registered patient while already using controlled substances will be asked to submit a urine sample for a chemical dependency drug screening. If results of the screening are positive, this will not result in punitive action, but will guide me in arranging appropriate medical management of substance abuse problems.

**Pharmaceutical Samples:** I do not provide pharmaceutical samples. Pharmaceutical representatives or advertisements for pharmaceutical companies are not allowed in the office.

**Emergency cell phone access:** I can be reached by cell phone in the event of an urgent issue or an emergency. All non-urgent issues should be addressed via email and office phone message. I check the office phone messages throughout the day, but may not have time to return calls until the end of the workday. For a life-threatening emergency, always call 911 immediately.

There may be rare times when I will not be able to return your urgent call to my cell phone promptly (such as my cell phone battery dying unexpectedly, or driving through an area of poor cell reception) and what was an urgent situation becomes an emergent situation. In these cases, please don't delay in seeking emergent care or calling 911.

**Vacations/Conferences:** There will be times when I will be out of town or otherwise unreachable. Dates of upcoming vacation plans will be posted on my website, and emailed directly to patients. If you have an urgent health question or need to be seen while I'm away, call my main office line. In general, I will continue to take phone calls as long as I have cell phone service. If I am truly going to be unreachable, the message on the phone will explain how to reach the covering physician who can assist you.

**Refills:** Refilling prescriptions consumes a surprisingly large portion of staff time in a standard medical office. As I will be operating this clinic without staff, I will not be able to refill prescriptions outside of office visits. When I write a prescription, I will give you enough refills to last at least until your next scheduled office visit. If your refills are running low, it likely means it is time to schedule your follow up appointment! Sometimes, this can be accomplished with a phone or email visit. For medications that aren't used every day of the year, like allergy or headache medications, this policy will require you to be mindful and anticipate future refill needs during your current appointment. If all else fails and you end up needing an emergency refill outside of an office visit, call my office line with the drug name and dosage as well as the pharmacy phone number. I will attend to it on the next business day. You will be charged a \$15 administrative fee for this service for the first prescription, \$5 for each additional prescription.

Please do NOT have your pharmacy contact me for refills. These refill requests are often auto-generated at the pharmacy or are simply incorrect, and I ignore them. You must contact me personally if you need an emergency refill outside of an office visit.

**Outsourcing of Clinical Services:** Clinical services such as laboratory blood draws, x-rays, imaging studies, etc., are referred to local radiology centers and laboratories.

**Routine and Acute Gynecological Care:** I offer acute (new and urgent) gynecological care as well as routine gynecological screening exams. However, I cannot guarantee a chaperone during gynecologic exams, so please bring your own chaperone to all gynecological visits and abdominal pain visits if desired.

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**Cancer Screening:** I am now a participating provider with the NYS DOH Cancer Services Program through Saratoga Hospital, which provides free breast, cervical and colorectal cancer screening for uninsured and underinsured women and men. This grant-subsidized service is available to members, as well as the general public.

**Perfumes/Colognes and other scents:** Due to the amount of allergies and sensitivities of patients to different environmental products, I ask that all patients refrain from wearing perfume or cologne while in the office.

**Vaccinations:** I respect the patient and parent's right to choose whether they wish to be vaccinated or not. I believe my job is to provide balanced information and have a discussion of risks and benefits to allow you to make informed decisions. I will provide most childhood and adult vaccinations. However, I currently do not carry most of them in stock, and may need to order them in advance of visits. If you are interested in a specific vaccine, please let me know in advance. Patients in need of vaccinations may also be referred to vaccinating pharmacies or other Health Department clinics for vaccinations that I do not carry.

**Inpatient Hospital Coverage:** I do not currently have admitting privileges at any local hospital. In the event of a hospital admission, care would be assumed by the hospitalist service. I will routinely provide coordination of care via telephone/email/fax with the hospitalists and specialists involved in your care. If additional coordination is necessary in special circumstances, (such as participating in family meetings) I can arrange to do a hospital visit, charged at the usual hourly rate.

**Termination of the Doctor-Patient Relationship:** You may terminate our relationship at any time for any reason. I would appreciate communication from you expressing your desire for termination, but it is not required. Likewise, I may terminate our relationship at any time. Generally, I will reserve this measure for patients who are not abiding by the stated policies, are delinquent in paying bills, or are disrespectful to me, my clinic, or their own health. If I choose to terminate our relationship, I will notify you in writing. You will then have 30 days to find a new physician, during which time I will be available to you for urgent health issues only. You may request a transfer of medical records to your new physician.

**Insurance companies:** I have chosen not to contract with any insurance companies. The vast majority of health plans do not allow a contracted provider to have patients pay at the time of the visit. This requires practices to spend significant time and overhead on billing and tracking down denied payments. This drives up overhead costs, which drives the office to see more people to break even, so you end up paying for it with shorter visits.

**1. Private Insurances:** Patients with any insurance can enroll in the practice, but your insurance plan is between you and your insurance company. I do not contract with any insurance plans, and therefore I am considered an "out of network provider." This style of direct practice tends to work best with high-deductible plans and/or Health Savings Accounts, but can be difficult with strict HMOs.

After you pay for services provided by Meliora Family Medicine, I will give you a receipt that you can then submit to your health insurance company. Your insurance company determines your reimbursement based on the terms of your plan/contract. You will continue to give your insurance information to the lab, specialist office, or hospital for services outside of Meliora.

Most HMO's require you to have an "in network provider" for referrals to be covered. This may include all labs, tests and specialist referrals. Be sure and check your plan's details regarding their practices, as this is your responsibility.

The annual access fee itself is not covered by any insurance.

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**2. Medicare:** Patients with Medicare are welcome to join the practice, but I am not contracted with Medicare. (I would be considered "opted-out"). Any services I provide are not covered and not reimbursable by Medicare due to federal regulations. This means that you will need to sign a private contract and pay out of pocket. Services ordered by me, such as your prescriptions, oxygen therapy, physical therapy, home health care and the like, will continue to be covered by Medicare, as long as you are not enrolled in a Medicare HMO plan. You must find out the rules of your particular agreement.

As long as your Medicare service provider is not an HMO, services provided by other facilities and physicians who are contracted with Medicare will continue to be covered by Medicare, even if you are a member of my practice. If it is an HMO plan, you will likely still need an "in-network provider" to order labs, test, and referrals. Be sure to check the details.

**3. Medicaid:** Patients with Medicaid are welcome to join the practice, but Dr. Davis does not accept Medicaid payments, and full payment is expected.

**4. Uninsured:** My hope is that patients without insurance will find my practice to be a refreshing change. The fee schedules are designed to make primary care affordable and accessible to everyone, insured or not. By publicizing fees and keeping them very simple, I hope to help people make educated decisions about healthcare costs and the value they get for their money.

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## PRACTICE FEES

### General Information

**Registration Fee:** This is a one time fee due at the time of joining the practice. See your payment contract for current fees. This fee represents your commitment to being an involved member of the practice and covers the additional time and effort I put into my new patient visits

**Membership Fee:** Annual fee (can be paid in monthly installments). Covers the following benefits:

Wellness visits

- Ages 0-1: 5 visits per year
- Ages 1-2: 4 visits per year
- Ages 2+: 1 visit per year

Discounted visit fees

Longer appointment times

Email access

Same day appointment access

Expertise in Integrative, Holistic Medicine

24/7 emergency cell phone access

Coordination of care with specialists

**Visit Fees:** Details per your individual contract. You may also check my website for currently available membership plans. In general, members receive a discounted hourly rate. Additional charges may apply to cover costs of procedure supplies and vaccinations. See separate fee schedule. There is a flat fee for brief phone/email visits, however the full hourly rate applies for extended phone/email visits (over 15 minutes).

**Insufficient Funds Fee:** If your check is not cleared by your bank for insufficient funds and Meliora Family Medicine is charged, you are responsible for payment of the fee and will be assessed an additional fee of \$30 for the inconvenience and time needed to rectify the situation.

**No Shows/ Cancellations:** Three unexplained no-shows in the span of one year will result in dismissal from the practice. **Appointments that are cancelled with less than 24 hours notice will incur a \$25 fee for a 30 min visit, \$75 for a New Patient visit cancellation.**

**Receipts:** Receipts will be provided on request.

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## EMAIL POLICY

E-mail is fast, convenient, and efficient. E-mail works well for many non-urgent questions, requests or messages you may have for your doctor. The most important thing you should know is that the confidentiality of e-mail exchanges cannot be guaranteed. While the security of standard e-mail is comparable to other types of communication (such as phone calls), there are some special issues with e-mail:

- If your e-mail address is a family address, other family members may see your messages.
- If your e-mail address is through your employer, your employer may own all e-mails sent to that address
- If you use an internet service provider, there is a small risk that messages may be intercepted by others (“hackers”).

### **What types of communication are appropriate for standard e-mail?**

- Prescription refill requests
- Appointment scheduling concerns or questions
- Non-urgent medical advice or follow-up (including some types of test results)
- Billing/insurance questions

### **The following subjects are never appropriate for standard e-mail:**

- Any urgent medical problem or emergency
- Mental health issues
- Drug and alcohol problems
- HIV and other sexually transmitted diseases

### **How do I communicate with Dr. Davis via e-mail?**

Send your e-mail to [DrJess@jessicadavismd.com](mailto:DrJess@jessicadavismd.com)

You can expect a response to your e-mail question or message within 48 hours. On weekends or holidays or if Dr. Davis is away on vacation, then it may take up to 72 hours for a response. If you do not get an e-mail reply within the expected time, you should assume that your e-mail was not received. You should then call the office with your question or request.

Please keep in mind that although e-mail can be a very effective tool, it is not a substitute for a physical exam or face to face counseling by your doctor. If Dr. Davis determines that a discussion is not appropriate for email, you will be asked to schedule an appointment. This may be able to be done as a web-visit, phone visit or office visit depending on the situation.

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## **NOTICE OF PRIVACY PRACTICES**

(Effective February 6, 2009)

*As required by the Federal privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

### **Meliora Family Medicine PLLC**

**Privacy Officer to contact for further information:**

**Jessica Davis MD  
PO Box 173  
Stillwater NY 12170  
(877) 664-6116**

***U.S. FEDERAL LAW REQUIRES EVERY MEDICAL FACILITY TO GIVE YOU THIS NOTICE, DESCRIBING HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY, AND ASK US IF YOU HAVE QUESTIONS.***

#### **A. Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We realize that these laws are complicated, but we are now required by Federal law to provide you with the following important information:

- **How we may use and disclose your PHI,**
- **Your privacy rights in your PHI,**
- **Our obligations concerning the use and disclosure of your PHI.**

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. If you have questions about this Notice, please contact our “Privacy Officer” designated above.**

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## C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

**1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses, may use or disclose your PHI in order to treat you or to assist others in your treatment.

Additionally, we may disclose your PHI to other health care providers for purposes related to your treatment. Finally, we may also disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

**2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

**4. Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**5. Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**6. Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**7. Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the doctor's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

**8. Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

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## **D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique situations in which we may use or disclose your identifiable health information:

**1. Public health risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**2. Health oversight activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena or similar legal process;
- To identify/locate a suspect, material witness, fugitive or missing person;
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

**5. Deceased patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**6. Organ and tissue donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

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**7. Serious threats to health or safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**8. Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**9. National security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

**10. Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**11. Workers' compensation.** Our practice may release your PHI for workers' compensation and similar programs.

## **E. Your rights regarding your PHI:**

You have the following rights regarding the PHI that we maintain about you:

**1. Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our "Privacy Officer" designated above, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**2. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our "Privacy Officer" designated above. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

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**3. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our "Privacy Officer" designated above in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our "Privacy Officer" designated above. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented; for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our "Privacy Officer" designated above. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our "Privacy Officer" designated above.

**7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our "Privacy Officer" designated above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**8. Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* We are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our "Privacy Officer" designated above. (Revision Effective Feb 6, 2009)