



## **FirstCare Notice of Privacy Practices**

We understand that medical information about you and your health is personal. Medical information includes personal information such as name, address, date of birth, social security number, insurance information and photographs. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care. We are required by laws to make sure that your personal health information will be kept private at all times and to provide you with a description of our privacy practices with respect to your medical information.

The following categories describe different ways that we use and disclose medical information.

**For treatment:** We may use medical information about you to provide you with a medical treatment and services. We may disclose medical information about you to our consultant physicians, nurses, or technicians who are involved in your care.

**For payment:** We may use and disclose medical information about you so that treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party.

**Other activities:** We may use and disclose your medical information to contact you as a reminder that you have an appointment, to tell you about treatment options or alternatives.

**Marketing:** We may request to use your photograph for promotional purposes. This request would involve a special consent and we would obtain your permission before using any photograph. Your name would not be used. We may request to use you as a reference for our practice. In this case special permission is obtained and potential clients would be given your first name and phone number. Again, special consent would be obtained. Any information about you will not be used in any way without specific verbal or written consent.

**As required by law:** We will disclose medical or other information about you when required to do so and only to the extent required by law. This may include release of information to Public Health Authorities charged with preventing or controlling disease, injury, or disability, authorities responsible for investigating child or adult abuse, health oversight agencies authorized by law for licensing or other purposes, Funeral Directors, Coroners and medical examiners, County attorneys about a death that may have resulted from or occurred during criminal conduct.

**Judicial and Administrative proceedings:** We may disclose information about you if you are involved in a lawsuit or dispute, in response to a court or administrative order, in response to a subpoena, warrant, summons or similar process.

**Organ donor:** We may disclose information concerning your desire to donate organs.

**Right to Die:** We may disclose information concerning your right to non-medical intervention or Do Not Resuscitate desires in the event you are incapacitated.

**Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs which provide benefits for work related injuries or illness.

**Individual involved in your care or payment for your care:** We may release information about you to a family member or friend who is involved in your medical care or who helps pay for your care. You have the right to object to this release of information.

### **Your Rights Regarding Medical Information About You:**

**Right to Inspect and Copy:** You have the right to inspect and copy medical information about you.

**Right to Amend:** You have the right to amend information that you feel is incorrect in our medical records.

**Right to Request Restrictions:** You have the right to request restrictions or limitation on the medical information we use or disclose about you or your treatments.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests.

**Right to a copy of this Notice:** You have the right to a paper copy of this notice.

If you feel your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.