

NOTICE OF PRIVACY PRACTICES SUMMARY

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, or health care operations and for other purposes that are permitted or required by law.

1. Uses and Disclosures of Protected Health Information

- Treatment
- Payment
- Health Care Operations

2. Permitted and Required Uses and Disclosures That May Be Made **With** Your Authorization and Opportunity to Object.

We may use and disclose your protected health information in the following instances:

- Facility Directors
- Others Involved in Your Health Care
- Emergencies
- Psychotherapy Notes (for TPO)
- Marketing

3. Permitted and Required Uses and Disclosures That May Be Made **Without** Your Authorization and Opportunity to Object.

We may use and disclose your protected health information in the following situations without your consent:

- Required By Law
- Communicable Diseases
- Legal Proceedings
- Law Enforcement
- Research
- Worker's Compensation
- Military Activity and National Security
- Coroners, Funeral Directors, and Organ Donation
- Public Health
- Health Oversight
- Abuse or Neglect
- Criminal Activity
- Inmates
- Food and Drug Administration
- Required Uses and Disclosures

4. Your Rights

Following is a statement of your rights with respect to your protected health information and how you may exercise these rights. You have the right to:

- Inspect and copy your protected health information
- Request a restriction of your protected health information
- Request to receive confidential communications from us by alternative means or at an alternative location
- Have your physician amend your protected health information
- Receive an accounting of certain disclosures we have made, if any, of your protected health information
- Obtain a paper copy of this notice from us

5. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.