

Our practice is committed to maintaining the Privacy and Security of your Protected Health Information (PHI), while providing high quality medical care. In accordance with the HIPAA regulations you are receiving a full written notice of our privacy practices at your first office visit after April 14, 2003. This notice will explain:

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

We may use and disclose your PHI for treatment, payment, and health care operations (TPO) as well as other times in order to provide you with excellent service.

You have the right to inspect, copy, and amend your PHI. You have the right to request restrictions on the use of your PHI. You have the right to an accounting of the disclosures of our PHI for other than TPO.

You have the right to complain about alleged violation to this practice's privacy officer and the U.S. Department of Health and Human Services.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms and any changes made will be effective for all medical information we maintain. A copy of a revised notice will be available upon written request.

DISCLOSURES WITHOUT YOUR AUTHORIZATION: We may disclose medical information about you, without your specific authorization:

Disclosures required by law: We may be required by federal, state, or local law to disclose your medical information.

Public Health Activities: We may disclose your medical information to a public agency, such as the Food and Drug Administration (FDA), if you experience an adverse effect from any of the supplies or equipment we use.

Victims of Abuse, Neglect, or Domestic Violence: We may be required to disclose your medical information if we feel that you have been abused or neglected.

Health Oversight Activities: We may be required to disclose your medical information to Medicare or a related agency if they select your case for a medical review

Judicial and Administrative Proceedings: We may have to disclose your medical information if we receive a subpoena from a judge or administrative tribunal.

Law Enforcement: We may have to disclose your medical information in conjunction with a criminal investigation by a federal, state, or law enforcement agency.

Serious Threats to Health or Safety: We may be required to disclose your medical information if, in our opinion, doing so will help avert a serious threat to the public.

Military Personnel: We may disclose your medical information to the appropriate command authorities.

Worker's Compensation: We may disclose your medical information to comply with laws regarding worker's compensation. You have certain rights with respect to your medical information.



YOUR RIGHTS

Requesting Restrictions: You may ask us to limit our use or disclosure of your protected health information. We are not required to agree to your request, but if we agree to it, we will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must: 1) be in writing, 2) describe the information that you want restricted, 3) state if the restriction is to limit use or disclosure, and 4) state to whom the restriction applies.

Confidential Communications: You may ask that we communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing and must tell us how you intend to satisfy your financial responsibility and specify an alternate way that we can contact you confidentially. You do not have to give a reason for your request.

Inspect and Copy: You may request access to inspect and copy your medical information maintained in our records, including medical and billing records. Your request must be in writing. We will act on your request within 30 days after we receive it. If we must deny your request, we will send you a written denial. If this happens, you may request a review of the denial. We may charge you a fee for this service.

Amendment: You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. Your request may be denied if we believe that the information is complete and accurate, if the information is not part of the medical information that you would be permitted to inspect or copy, or if we did not create the information.

Accounting of Disclosures: You may request a list of disclosures that we have made of your medical information over the previous six (6) years. You may not request an accounting for dates of service prior to April 14, 2003. Your first request within a 12-month period is free, but we may charge for additional lists within the same 12-month period.

Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice of Privacy Practices. Additional notices may be requested in writing and submitted to the address listed below.

File a Complaint: If you believe that we have violated your privacy rights, you may file a complaint directly with us at the address listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for complaining.

Provide an Authorization for Other Uses and Disclosures: We will request your written authorization for uses and disclosures of your medical information that are not identified in this notice or permitted by law. You may revoke your authorization at any time in writing.

You may address questions regarding our privacy practices, your privacy rights, or request for additional information regarding Privacy and Security to our privacy officer at the address listed below:

CPO Services, Inc.
Attn: Privacy Officer
741 W Main Street
Peoria, Illinois 61606

(309) 676-2276 Office
(309) 676-2279 Facsimile