

# Notice Of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

Dr. Shwery is required by law to maintain the privacy and confidentiality of your protected health information and to provide her patients with notice of our legal duties and privacy practices with respect to your protected health information.

## **Disclosure of Your Health Information**

- **Treatment:** I may disclose your health care information to other healthcare professionals within my practice for the purpose of treatment, payment, or healthcare operations. On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Dr. Shwery. It is my policy to provide a substitute health care provider, authorized by Dr. Shwery, to provide assessment and/or treatment to my patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.
- **Payment:** I may disclose your health information to your insurance provider for the purpose of payment or health care operations. As a courtesy to my patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dr. Shwery for health care services rendered. If you pay for your health care services personally, I will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.
- **Workers Comp:** I may disclose your health information as necessary to comply with State Workers' Compensation Laws.
- **Emergencies:** I may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or your death.

**Public Health:** As required by law, I may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food & Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Judicial and Administrative Proceedings:** I may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement:** I may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**Deceased Persons:** I may disclose your health information to coroners or medical examiners.

**Public Safety:** It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies:** I may disclose your health information for military, national security, prisoner, and government benefits purposes.

**Reminders:** I may contact you to remind you of an appointment in the office or for a missed appointment. As a courtesy to our patients, it is a policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, I will leave a reminder message on the answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment.

**Change of Ownership:** In the event that Dr. Shwery is sold or merged with another organization, your health information will become the property of the new owner.

### **Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised that Dr. Shwery is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery.
- You have the right to inspect and copy your health information.
- You have the right to request that Dr. Shwery amend your protected health information. Please be advised that Drs. Shwery is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reasons and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information.
- You have a right to a paper copy of this notice of Privacy Practices at any time upon request.

**Changes to This Notice of Privacy Practices:** Dr. Shwery reserves the right to amend this notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Shwery is required by law to comply with this notice.

**Complaints:** Complaints about your privacy rights, or how Dr. Shwery has handled your health information, should be directed to the Business Administrator at (831)476-6906. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue SW  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of August 22, 2019.

I have read the Privacy Notice and understand my rights contained in this notice. By way of my signature, I provide Dr. Shwery with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment, and health care operations as described above.

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Print Patient Name

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Date

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Patient Signature