

About Face

Notice of Privacy Practices

Users and disclosures of protected health information:

Your protected health information may be used and disclosed by your provider to an office that is involved in your care and treatment for the purposes of providing health care services to you. The following information is an example of the types of uses and disclosures of your protected health information that your provider is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made to our provider.

If you have any questions about this Notice, please contact our Privacy Officer who is:

Sue Cressel, Owner
615 Volunteer Parkway
Bristol, TN 37620
(423) 574-3223

Treatment:

Our provider will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This may include communication with other health care providers regarding your treatment, coordinating and managing your health with others. For example, we would disclose your protected health information to other providers who may be treating you. Your protected health information may be provided to other healthy providers to whom you have been referred to so that we can ensure that the provider can diagnose or treat you. In addition, we may disclose your protected health information from time to time to another provider or health care providers (e.g... specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment may use or disclose your protected health information, as necessary, to provide information about treatment alternatives or health-related benefits and services that may be of interest to you. We may send you information about our product or services we believe may be beneficial to you. You may contact this office to request that these materials not be sent to you or anyone else.

Uses and Disclosures of protected health information based on upon your written authorization or opportunity to object: Other use and disclosures of your protected healthy information will be made only with written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent that your provider’s practice has taken an action in reliance on the use or disclosures indicated in the authorization.

Other permitted and required use and disclosures may be made with your authorization or opportunity to object. We may use and disclose your personal healthy information in the following instances: You may have the opportunity to agree or object to the use and disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Acknowledgement of Receipt of Privacy Practices

Patient Signature

Date

Medical Provider Signature

Date