

HIPPA Notice of Privacy Practices

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Your Information Your Rights Our Responsibilities

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


Our Uses and Disclosures

- **Treatment:** We will use and disclose your protected health info to provide, coordinate or manage your health care and any related services. (ex to a physician who you have been referred to ensure they have the necessary information to diagnose or treat you)
- **Payment:** Your protected health information will be used to obtain payment for your health care services. (ex: We give information about you to your insurance plan so it will pay for your services)
- **Healthcare Operations:** We may use or disclose your protected health information in order to support the business activities of the practice. (i.e. QA assessment activities, employee review activities, training of medical students & staff, licensing and conducting or arranging for other business activities.) In addition we may use a sign-in sheet at the registration desk. We may also call you by name in the waiting room when the doctor is ready to see you. We may use or disclose your information to contact you to remind you of your appointment.

We may use or disclose, as-needed, your protected health information in the following situations without your authorization. These situations include as required by law, Communicable diseases Health Oversight, Abuse or Neglect, Food and Drug Administration requirements: Legal Proceedings, Law Enforcement, Coroners, Funeral Directors and Organ Donation: Research: Criminal Activity, Military Activity and National Security; Workers Compensation; Inmates: Required uses and Disclosures: Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine out compliance with the requirements of Section 164.500

Other permitted and Required Uses and Disclosures will be made only with your consent, Authorization or Opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to the extent your physician or the physician's practice has take action in reliance on the use or disclosure indicated in the authorization.

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Your Rights

- **You have the right to inspect and copy your protected health information:** Under federal law; however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
- **You have the right to request a restriction of your protected health information:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- Your physician is not required to agree to a restriction you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us:** upon request, even if you agree to accept this notice alternatively i.e. electronically
- You may have the right to have your physician amend your protected health information
- You have the right to receive an accounting of certain disclosures we have made
- You may complain to the secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

Your Acknowledgement

This notice was published and becomes effective on/or before : April 14, 2003

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak to our HIPPA Compliance Officer in person or at our main phone number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Date: _____ Print Name: _____

Signature: _____