

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes how we may use and disclose protected health information for treatment, payment and healthcare operations. Treatment options include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers and collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing of records.

We are permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court ordered subpoenas.

We will not make any other use or disclosure of a patients protected health information without the individual's written consent or authorization. Such authorization may be revoked at any time prior to the expiration date on the authorization form. Revocation must be written.

We may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient.

We will abide by the terms of the privacy notice currently in effect at the time of disclosure.

We will reserve the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains.

We will provide each patient with a copy of any revisions of its Notice of Information Practice at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at office.

Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the following Privacy Officer at the following address and or phone number.

Sherrie Oakley, Privacy Officer  
102 Doctors Drive, Suite 2  
Dothan, AL 36301  
334-479-0043 Fax 334-479-0048  
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It is the policy that no retaliatory action will be levied against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

Any patient may request use specific methods for confidential communications with them. This facility is charged with accommodating such requests. All requests for confidential communications must be made in writing and must be reviewed by the Privacy Officer.

For further information regarding this Privacy Notice or other questions regarding the Health Insurance Portability and Accountability Act, please contact our Privacy Officer.

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