



Sarah Hamilton Face, LLC and Palouse Surgeons

Notice of Privacy Practices

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office, whether made by your physician or others working in this office. This notice will inform you about the ways we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

How we may use and disclose health information about you:

- | | |
|-----------------------------|--|
| For treatment | For appointment reminders |
| For payment | As required by law |
| For health care operations | Public Health risks |
| Health oversight activities | Lawsuits and disputes |
| Law enforcement | To avert a serious threat to health and safety |
| Worker's Compensation | |

Your rights regarding health information about you:

- | | |
|--|-----------------------------------|
| Right to copy of records | Right to an account of disclosure |
| Right to request confidential Communications | Right to a copy of this notice |

Changes to Notice of Privacy Practices: We reserve the right to change this notice.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing.

Acknowledgement of receipt of this notice:

We will request that you sign this form acknowledging you have received a copy of this notice. This acknowledgement will become part of your medical record.

_____ Date _____
I understand & will sign

I do not understand & will sign

I disagree, but will sign