

## Notice of Privacy Practices

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.

**YOU WILL BE ASKED TO SIGN A STATEMENT ON YOUR FIRST VISIT ACKNOWLEDGING THAT YOU HAVE READ THIS NOTICE. YOU MAY REQUEST A COPY OF THIS NOTICE FROM A CLERK OR ANY OF OUR FACULTY CLINICIANS AT ANY TIME.**

If you have any questions about this Notice please contact our Privacy Officer, Dr. Tim Guest by telephone or email, whose contact information may be found at the end of this document.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all Protected Health Information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices when you call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment, or you may access our web site .

### **A.1 Uses and Disclosures of Protected Health Information Based upon Your Written Consent**

You will be asked to sign a consent form. Once you have consented to use and disclosure of your Protected Health Information for treatment, payment and health care operations by signing the consent form, Jack P Sherry will use or disclose your Protected Health Information as described in Section 1 of this document. Your Protected Health Information may be used and disclosed by our employees and others that are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to seek payment of your health care bills and to support the operation of Jack P Sherry and its clinics.

Following are examples of the types of uses and disclosures of your protected health care information that Jack P Sherry and its clinics are permitted to make