

16. Inmates – The practice may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

17. Workers Compensation - The practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation System.

18. Disaster Relief Efforts – The practice may use or disclose your PHI to a public or private authorized to assist in disaster relief efforts.

19. Marketing – Face to face communication directly with the patient, prescriptions that have already been prescribed, or promotional gifts of nominal value do not require authorization as long as the practice received no financial remuneration for making the communication. All other situations require separate authorization.

20. Required by law – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written authorization. These authorizations may be revoked at any time, however, we cannot take back disclosures already made with your permission.

We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express written authorization:

- Marketing
- Sales
- Specially protected information (psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing)

APPOINTMENT REMINDER

The practice may from time to time contact you to provide appointment reminders. The reminders may be in the form of a letter or postcard or text message. The practice will try to minimize the amount of information contained in the reminder. The practice may also contact you by phone and, if you are not available, the practice will leave a message for you.

TREATMENT ALTERNATIVES/BENEFITS

The practice may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

YOUR RIGHTS

You have the right to:

- Revoke any authorization, in writing, at any time. To request a revocation, you must submit a written request to the practice's privacy officer.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the practice's privacy officer. In your written request, you must inform the practice of what information you want to limit, whether you want to limit the practice's use or disclosure, or both, and to whom you want the limits to apply. If the practice agrees to your request, the practice will comply with your request unless the information is needed in order to provide you with emergency treatment.