



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.

### **My commitment to your privacy**

This practice is dedicated to maintaining the privacy of your personal health information. I am required also by law to do this. These laws are complicated, but I must provide you with important information. This pamphlet is a shorter version of the full legally required Notice of Privacy Practice (NPP), which you can request and review for more information. However, I can't cover all possible situations so please talk to me about any questions or problems.

I will use the information about your health obtained from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities that are called, in the law, health care **operations**. After you have read this NPP I will ask you to sign a **Consent Form** to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization to allow this.

Of course I will keep your health information private, but there are some times when the laws require me to use or share it such as:

- 1) When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
- 2) Some lawsuits and legal or court proceedings.
- 3) If a law enforcement official requires me to do so.
- 4) For Workers Compensation and similar benefit programs.

There are some other situations like these, which do not happen very often. They are described in the longer version of the NPP.

- 1) You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to accommodate these requests.
- 2) You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
- 3) You have the right to look at the health information I have about you such as your medical and billing records. This does not include psychotherapy notes.



- 4) If you believe the information in your record is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes.
- 5) You have the right to a copy of this notice. If I change this NPP I will notify you, and you can always get a copy of the NPP from me.
- 6) You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Dr/ and the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact Dr. Risler at (610) 246-5459.

The effective date of this notice is August 21, 2012

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Signature

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Date