**Pine Eagle Clinic**

**Notice of Privacy Practices.**

**This notice describes how medical information about you may be used and disclosed and how you can gain access to the information. Please read carefully.**

Pine Eagle Clinic takes seriously the trust you place in us in providing health care for you and your family. We have always honored your trust to our utmost to keep your personal medical information private and secure. The Federal Government now mandates that we make this notice available to you and to abide by the notice currently in effect. We reserve the right to change this notice and will post the updated notice in our waiting room and make it available upon request.

**Use and Disclosure of Information**

* We will use your “protected health information” for reasons such as recommending medical treatment, sending a billing statement or insurance claim form (securing payment), or calling you for an appointment.
* We will limit the amount of information we share to the minimum required for intended purpose. We will share appropriate information with other physicians when referred or transfer of care occurs, in the event that you request and consent to sending information to a third party, as required by law, or to comply with peer review. This information may include but is not limited to, medical claims, medical reports, social security number, address, date of birth, and telephone number.

**Individual rights**

* You have the right to:
* Inspect and obtain a copy of your Protected Health Information.
* Request an amendment to your Protected Health Information or
* Request an accounting of, or restriction to certain uses and disclosures, and we reserve the right to agree with such requests.
* Receive confidential communications.
* Receive an accounting of disclosures.
* Complain about our privacy rights, either by contacting our Office Manager by calling 541-742-5023 or in writing at: Pine Eagle Clinic, PO Box 647, Halfway, OR 97834, or, by contacting the Secretary of US Dept. of Health and Human Services.

As indicated in this notice, we will use and disclose information expressly authorized by you, and you have the right to revoke such authorization.

If you have any questions, would like further information, or have dispute regarding your rights, or our Privacy Practices, please contact our Office Manager.

**I have read this Notice of Privacy statement, been provided an opportunity to ask questions, and understand that I may request and review the detailed Privacy Policy for the Pine Eagle Clinic.**

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Signature Date