

In addition, we will use and disclose your protected health information when we are required to do so by federal, state or local law. We may disclose your protected health information for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices. We will release your protected health information if requested by a law enforcement official for any circumstance required by law; or to governmental authorities about victims of suspected abuse, neglect, or domestic violence. We may release your protected health information for health oversight activities, such as for the licensing of doctors; for audits by Medicare; or for investigation of possible violations of health care laws. We may release your protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death; or to a funeral director to aid in burial; or to organizations that handle organ or tissue donations. We may use and disclose your protected health information when necessary to prevent a serious threat to health and safety; or for health related research. We may disclose your protected health information for uses of disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service. We may release your protected health information for workers' compensation and similar programs. We may release your protected health information for incidental disclosures that are an unavoidable by-product of permitted uses or disclosures; or to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information. Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your health care.

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may mail you an appointment reminder, and/or leave you a reminder message on your home/office answering machine or with someone who answers your phone if you are not home or at your office.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- **The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.**
- **The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.**
- **The right to access, inspect and copy your protected health information.**

Complete Name

Date