

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.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information with you. We also describe your rights and certain duties we have regarding the use and disclosure of Protected Health Information (PHI).

The law requires us to keep your information private and to give you this notice describing our legal duties, privacy practice and your right regarding your PHI. We may disclose this information about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians, insurance companies, or other people taking care of you. We may use PHI to obtain payment for the services we provide. We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluating performance of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury or disability, including suspected physical abuse, neglect, or domestic violence. We may also disclose your PHI to the Food and Drug Administration for purposes of reporting adverse events associated with product defects, problems, tracking and other activities. We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

You have a right to inspect and copy your PHI, via a written request. Your request for us to communicate your medical information to a third party must be in writing. If you request a copy of your medical records there will be a fee of \$25. You have the right to revoke your authorization of PHI release at any time.

If you have any questions about this Notice of Privacy Practices or think that your privacy rights may have been violated, please contact us.

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here <https://openpaymentsdata.cms.gov>. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.