

Privacy Information

Your personal health information is protected information that identifies you and relates to past, present, and future health care or payment for such services. We are required by federal privacy regulations to keep personal health information about you private, give you this notice of legal duties and privacy practices with respect to your personal health information and follow the terms of the notice that are currently in effect.

How we may use and disclose personal health information:

- We may disclose personal health information to other health care providers who are involved in your care.
- We may communicate with your insurance carrier to provide information necessary for billing.
- We may use information about your care for research purposes provide we protect your identity.
- We may disclose certain information concerning you and your care if it involves a threat to public health and safety, to the military as required by command authority if you are in service, to respond to a law enforcement or court official for legal purposes, regulatory or administrative oversight to state insurance department, or other governmental agencies who's regulation affects this practice, other health care providers and contractors who need information to provide quality care and who will be required to meet the same standards to protect your privacy.

Disclosure at your request:

We may disclose personal health information with your written permission. You may revoke that permission at any time by providing us with a written request to that effect. If you revoke your permission we will no longer disclose personal health information about you for the reasons stated in your authorization.

Your rights regarding your personal health information:

- You have the right to inspect and copy your personal health information. A fee for this does apply.
- If you feel that personal health information we have about you is incorrect or incomplete you may ask us in writing to amend you records. If we deny your request you may send a written notice of disagreement.
- You have a right to request a list of disclosures for purposes other than treatment, payment or health care operations or disclosures made to you or your authorized agent or to law enforcement officials. Your request must specify a time period and there is a fee for this service.
- You have the right to request in writing that we communicate with you in a certain way or at a certain address to protect your privacy and we will comply with any reasonable requests.

We may change this notice and our privacy policies if done within the limits of the law and will do so by posting such changes on our website at <http://drbillgallagher.com>.

I have read and agree to this notice:

Signed: _____ Date: _____

Print Name: _____

Witness: _____