**NOTICE OF PRIVACY PRACTICES**

Scholls Family Care is in compliance with the **Federal HIPAA Guidelines for Privacy**.

***This notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.***

Health information may include information both created and received by Scholls Family Care. It may be in the form of written or electronic records or spoken words, and may include information about health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions and similar types of health-related information.

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing and providing treatment.

Your health information may be used as necessary to support the day-to-day patient support activities of Scholls Family Care, including determining eligibility for health plan or insurance coverage, medical claims management, various office, business and administrative functions that support quality health care.

Your health information may be disclosed to law enforcement agencies and/or public health agencies, to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting (such as public health reporting of communicable diseases.)

Use of disclosure of your health information for any other purpose other than those listed above requires your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

You have certain rights under the federal privacy standards. These include:

1. The right to request restrictions on the use and disclosure of your protected health information.
2. The right to receive confidential communications concerning your medical condition.
3. The right to inspect and copy your protected health information.
4. The right to amend or submit corrections to your protected health information.
5. The right to receive an accounting of how and to whom your protected health information has been disclosed.
6. The right to receive a printed copy of this notice.

Scholls Family Care is required by law to maintain the privacy of your information and to provide you with this notice. We reserve the right to amend or modify our privacy policies and practices as permitted by law. Any changes may be mandated by changes in federal law. If any changes occur, we will provide you with a revised notice upon your next visit. The revised notice will apply to all protected health information that we maintain.

You may generally inspect or copy the protected health information we maintain. As permitted by federal regulations, we require that all requests to inspect or copy protected health information be submitted in writing.

If you have any comments or complaints about our privacy practices, or if you feel like your privacy rights have been violated, please contact us in writing, or address the issue with our Office Manager in person. Our contact address is: Scholls Family Care, 14795 SW Murray Scholls Dr., Ste 121, Beaverton, OR 97007. Telephone: (503) 747-4936.

Fax: (503) 747-4939.

You have signed that you have reviewed and understand the information herein on the NEW PATIENT ACKNOWLEDGEMENT & AUTHORIZATION FORM.