

## **Privacy Notice to Patients**

Patient Handout

## **Disclosure of Medical Records**

- Your health information may be used by staff or disclosed to other healthcare professionals for evaluation of your medical health, diagnosis, testing and treatment.
- 2. Your health information may be used to request payment from insurance or other type companies.
- Your health information may be disclosed to law enforcement agencies, federal, state or local agencies to support audits or comply with mandated reporting.
- 4. Your health information may be disclosed to public health agencies as required by law.

## **Patient Rights**

- 1. The right to a copy of this notice.
- 2. The right to request an accounting of how and to whom your information has been disclosed.
- 3. The right to request restrictions on the use and disclosure of your health information.
- 4. The right to receive confidential information concerning your medical condition.
- 5. The right to submit corrections to your health information.
- 6. The right to inspect and/or copy your health information.
- 7. The right to submit a complaint or comment about these rights.

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