

## NOTICE OF PRIVACY PRACTICE SUMMARY

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

London Health Center, Inc. (the "Practice"), in accordance with applicable federal and state law, is committed to maintaining the privacy of you protected health information ("PHI"). In other words, information about your health condition and the care and treatment you receive from the Practice. We will use and disclose elements of your PHI in the following ways:

- Treatment
- Payment
- Health Care Operations
- When release is required by law, including judicial settings and to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in their duties.
- To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences.

**Special Cases:**

- Appointment reminders, treatment alternatives and other health related benefits and services
- Office newsletter
- Sponsor of your health plan

All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

**Your rights:** You have the following rights concerning your PHI:

- **Restrictions:** To request access to all or part of your PHI. To do this, please make this request in writing. We are not required to grant your request.
- **Confidential communications:** To receive correspondence of confidential information by alternate means or location. To do this, please make your request in writing.
- **Access:** To inspect or receive copies of your PHI. To do this, please make your request in writing.
- **Accounting:** To receive an accounting of the disclosures by us of your PHI in the six years prior to your request. To do this, please make your request in writing.
- **This notice:** to get updates or reissue of this notice at your request.
- **Complaints:** To complain to our office or the US Department of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us, please submit this request in writing. The law forbids us from taking retaliatory action against you if you complain.

**Our Duties:** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

**Privacy Contact:** To obtain more information on or have your questions about your rights answered: you may contact the Practice's Privacy Office, Dr. Angela London at London Health Center, Inc. 2376 Main Street, Ferndale, WA 98248.

**Patient Acknowledgement:** By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name