We will not engage in disclosures that constitute a sale of your health information without your written authorization. A sale of protected health information occurs when we, or someone we contract with directly or indirectly, receive payment in exchange for your protected health information.

2. We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service that is marketing information. We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing includes any communication that is not a treatment, payment or health care operations function and that constitutes a sale in violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

3. You may request, in writing, a change to your health information. See contact information below. You may request a change to your health information if you believe that the information is incorrect or incomplete. To request a change, you must identify the information you want to have changed, provide us with a reason why the change should be made, and sign a consent that indicates the extent to which you want your information to be changed. We will notify each applicable recipient of your request. You may ask to have your health information removed from or limited in the recipient's records, but we may not accept a request for removal or limitation if we believe that the removal or limitation will prohibit us from properly providing you with care or services as required by law. You may also request that we limit how your information is used or disclosed for purposes other than treatment, payment or health care operations. We will comply with your request unless we believe that the removal or limitation would adversely affect your care or treatment.

4. You may request an accounting of disclosures of your health information. A request for an accounting must be made in writing and include your name and address. We will charge a fee for the accounting, which includes a summary of disclosures of your health information for this purpose. We will account for the disclosures made in the prior six years. If you request an accounting more than once in any 12-month period, you may be required to pay a fee for each request.

5. You may request restrictions on the use or disclosure of your health information. Restrictions are requests that you do not want your health information to be used or disclosed in certain ways. For example, you may request that we not use or disclose your information for marketing purposes. You may also request that we limit the disclosures that we make about you to your family or a close friend. Restrictions do not apply to instances where we are required by law to make the disclosure. Restrictions do not apply to uses and disclosures of your health information that have already occurred. If you request restrictions on the use or disclosure of your health information, we will comply with the request unless we believe that the restriction would adversely affect our ability to properly provide you with care or services as required by law. You may also request that we restrict the use or disclosure of your health information to a particular person who paid for your care in full. If you request a restriction, we will comply with the request unless your health care provider believes that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.

6. If you believe your privacy rights have been violated, you may file a complaint with the individuals listed in the Contact Information section of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

7. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

8. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

9. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

10. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

11. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

12. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

13. If you have any questions about this Notice or our practices, please contact the Privacy Officer listed in the Contact Information section of this Notice. You may also write to the Privacy Officer at the address shown below. The law limits our ability to amend your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.
CHANGES TO THIS NOTICE
We reserve the right to change our Privacy Practices and the terms of this Notice. We will provide you with any revised Notice by making it available to you upon request and by posting it at our service sites. We will also post the revised Notice on our websites. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT WRITTEN CONSENT OR AUTHORIZATION
For Treatment, Payment and Health Care Operations
1. For Your Treatment
We may use and/or disclose your health information to health care providers and other personnel who are involved in your care and who will provide you with medical treatment or services. For example, if you have had surgery or just had a baby, we may contact a home health care agency to arrange for home services or to check on your recovery after you are discharged from the hospital.

2. For Payment of Health Services
We may use and/or disclose your health information to bill and receive payment for the services that you receive from us. For example, we may provide your health information to our billing or claims department to prepare a bill or statement to send to you, your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible to pay for your health services.

3. For Our Health Care Operations
We may use or disclose your health information to carry out certain administrative, financial, legal and quality improvement activities that are necessary to run our businesses and to support our treatment and payment activities. For example, we may use or disclose your health information to help us assess the quality and performance of our physicians and staff and improve the services that we provide. Specifically, we may disclose your health information to physicians, medical or other health or business professionals for review, consultation, comparison and planning. We may use and disclose your health information in the course of our training programs and for accreditation, certification, licensing or credentialing activities. Additionally, we may disclose your health information to auditor, accountants, attorneys, government regulators or other consultants to assess and/or ensure our compliance with laws or to represent us before third parties or to resolve any disputes.

4. Special Circumstances When We May Disclose Your Health Information on a Limited Basis
After removing direct identifying information (such as your name, address and Social Security number), we may use your health information for research, public health activities and other health care operations (such as business planning). While only limited identifying information will be used, we will also obtain assuraces from the recipient of such health information that they will use and disclose the information for limited purposes.

In conducting or participating in activities related to treatment, payment and health care operations, we may add or combine your information into electronic (computer) databases with information from other health care providers to help us improve our health services. For instance, using a combined information database, we may have more information to help us achieve our missions about the range of treatments and care that may be available to you, including avoiding duplicate tests or conflicting treatment decisions. While we may not notify you about the inclusion of your data into these databases, you may be permitted to "opt-out" of some of these databases. We will make reasonable attempts to notify our patients, and perhaps the general public, of such opt-out options (when available) by posting notices in our facilities or on our websites, or through other social media.

For Activities Permitted or Required by Law
There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than treatment, payment or health care operations. Excerpt for the specific situations where the law requires us to use and disclose information (such as reports of births to the health department or reports of abuse or neglect to social services), we have listed these permitted uses and disclosures in this section.

1. Public Health Activities
We may disclose your health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the U.S. Food and Drug Administration (FDA) to report medical device or product-related events. In certain limited situations, we may also disclose your health information information to notify a person exposed to a communicable disease.

2. Health Oversight Activities
We may disclose your health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system.

3. Law Enforcement Activities
We may disclose your health information in response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.

4. Judicial and Administrative Proceedings
We may disclose your health information in response to a subpoena or order of a court or administrative tribunal.

5. Coroners, Medical Examiners and Funeral Directors
We may disclose your health information to coroners, medical examiners and funeral directors to identify a deceased person or to determine the cause of death.

6. Organ Donation
We may disclose your health information to an organ procurement organization or other facility that participates in or makes a determination for the procurement, banking and/or transplantation of organs or tissues.

7. Research Purposes
We conduct and participate in medical, social, psychological and other types of research. Most human subject research projects, including many of those involving the use of health information, are subject to a special approval process which evaluates the proposed research project and its use of health information. In certain circumstances, however, we may disclose health information to researchers preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises. Our clinicians may offer you the opportunity to participate in a clinical research trial (investigational treatments) and other researchers may contact you regarding your interest in participating in research projects. Your enrollment in a research project will...