

This notice describes how medical information about you may be used and how you can get access to this information.

Who will follow this notice:

- Any health care professional authorized to enter information into your chart
- Any volunteer or student we allow to help you while you are at our practice
- All employees, staff, and other practice personnel

We are required to:

- Make sure that medical information that identifies you is kept private
- Give you notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect

How we may use and disclose medical information about you:

- For treatment
- For payment
- Individuals involved in your care or payment for your care
- As required by law
- To avert a serious threat to health or safety

Special Situations:

- Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- Worker's compensation
- Public health risks
- Health oversight activities: We may disclose medical information to a health oversight agency for activities authorized by law. These include audits, investigations, inspections, and licensure
- Lawsuits and disputes
- Law enforcement
- Inmates

Your rights regarding medical information about you:

- Right to inspect and copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.
- Right to amend. If you feel that medical information we have is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to MPT. You must provide a reason that supports your request. We may deny your request for an amendment if the information was not created by us, is not part of the medical information kept by this practice, is not part of the information you would be permitted to inspect and copy, or if the information is accurate and complete.
- Right to an accounting of disclosures. This is a list of the disclosures we made of medical information about you. Your request must state a time period which may not be longer than six years. We may charge you a cost for providing the list.

- Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request. To request restrictions, you must make your request in writing to MPT, and provide what information you want limited, whether you want to limit our use/disclosure/ or both, and to whom the limits apply.
- Right to request confidential communications. You have the right to request that we only communicate with you about medical matters in a certain way or at a certain location, ie- at work or via email.
- Right to an additional copy of this notice.

Changes to this notice:

- We reserve the right to change this notice and to make the revised or changed notice effective for medical information we have about you, as well as any information we receive in the future.

Complaints:

- If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact Kelcy Lee (206)402-5483. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses of medical information:

- Other uses of medical information not covered by this notice, or the laws that apply, will be made only with your written permission. We are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.