



## Your Rights

**Right to inspect or copy your PHI:** Under federal law, however, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access.

**Right to request restriction of your PHI:** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must be in writing and must state the specific restrictions requested and to whom you want the restrictions to apply. The facility is not required to agree to a restriction that you may request. If the Medical Director or his appointees believe it is in your best interest to permit use and disclosure of your protected health information, your PHI will not be restricted.

**Right to alternative communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

**Right to obtain a paper copy:** Upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

**Right to amend your PHI:** The facility has the right to deny your amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to accounting disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

You may complain to us or to the Secretary of the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2004.

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We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respects to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Signature below is only acknowledgement that you have received this Notice of Privacy Practices.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date