

STACI R. JOHNSON, M.D.

"OUR SEASONS"

15338 Central Ave. Suite #103
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Notice of Privacy Practices

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

Our commitment to your privacy

Staci R. Johnson, M.D. is dedicated to maintaining the privacy of your personal health information as a part of providing professional care. The law requires your information to be kept private. These laws are complicated but we must give you this important information.

How we use and disclose your protected health information with your consent

Staci R. Johnson, will use the information collected about you mainly to provide you with treatment, to arrange payment for services, and for some other business activities that are called, in the law, health care operations. After you have read this notice we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form we cannot treat you. If we want to use, send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your health information without your consent

There are some times when the law require us to use or share your information. For example:

- (1) When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
- (2) When we are required to do so by lawsuits and other legal or court proceedings.
- (3) If a law enforcement official requires us to do so.
- (4) For workers' compensation and similar benefit programs.

Your rights regarding your health information

- (1) You can ask us to communicate with you in a particular way or at a certain place that is more private for you. (i.e. calling at home and not work regarding treatment)
- (2) You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
- (3) You have the right to look at the health information we have about you, such as medical and billing records. You can get a copy of these records, but there is a fee.
- (4) You have the right to request corrections in writing along with your reason, if you believe that the information in your records is incorrect or missing something important.
- (5) You have the right to a copy of this notice. Any changes this notice will be posted and provided.
- (6) You have the right to file a complaint if you believe your privacy rights have been violated. File the complaint at our office and with the Secretary of the U.S. Department of Health and Human Services. Complaints must be in writing. Filing a complaint will not change the health care we provide to you.

Staci R. Johnson, M.D. will be happy to discuss these situations with you now or as they arise. Contact us with questions regarding this notice or our health information privacy policies.

Sign & Date Here:	
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