

## **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made ONLY with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

## **Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

**OTHERS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR CARE: UNLESS YOU OBJECT, WE MAY DISCLOSE TO A MEMBER OF YOUR FAMILY, A RELATIVE, A CLOSE FRIEND OR ANY OTHER PERSON YOU IDENTIFY, YOUR PROTECTED HEALTH INFORMATION THAT DIRECTLY RELATES TO THAT PERSON'S INVOLVEMENT IN YOUR HEALTH CARE. IF YOU ARE UNABLE TO AGREE OR OBJECT TO SUCH A DISCLOSURE, WE MAY DISCLOSE SUCH INFORMATION AS NECESSARY IF WE DETERMINE THAT IT IS IN YOUR BEST INTEREST BASED ON OUR PROFESSIONAL JUDGMENT. WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION TO NOTIFY OR ASSIST IN NOTIFYING A FAMILY MEMBER, PERSONAL REPRESENTATIVE OR ANY OTHER PERSON THAT IS RESPONSIBLE FOR YOUR CARE OF YOUR LOCATION, GENERAL CONDITION OR DEATH. FINALLY, WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO AN AUTHORIZED PUBLIC OR PRIVATE ENTITY TO ASSIST IN DISASTER RELIEF EFFORTS AND TO COORDINATE USES AND DISCLOSURES TO FAMILY OR OTHER INDIVIDUALS INVOLVED IN YOUR HEALTH CARE.**

## **2. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.