

## YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed to treat you and for other purposes, as permitted by law. This notice also describes your rights concerning your medical information and how you can get access to it.

### YOUR RIGHTS

What information about you is collected, how it is used, and your rights to inspect and copy it.

You can ask to receive a copy of your health information if you believe it has been used or disclosed in violation of law.

We will provide a copy of your health information if you request it within 30 days of your request.

### Access to Your Health Information

You can ask to receive a copy of your health information if you believe it has been used or disclosed in violation of law.

We may charge a reasonable fee if you request more than one copy of your health information within a 12-month period.

### Changes to Your Health Information

You can ask us to change your health information if you believe it is inaccurate or incomplete.

We will consider your request and let you know if we made any changes.

### Amendments to Your Health Information

You can ask us to amend your health information if you believe it is inaccurate or incomplete.

We may add a statement to your health information explaining why we did not make any changes.

You can ask us to add a statement to your health information explaining why we did not make any changes.

We will consider your request and let you know if we made any changes.

Additional rights you have under law. We'll provide you with a copy of your health information if you request it within 12 months. You can ask us to change your health information if you believe it is inaccurate or incomplete. We will consider your request and let you know if we made any changes. You can ask us to add a statement to your health information explaining why we did not make any changes. We will consider your request and let you know if we made any changes.

You can ask us to change your health information if you believe it is inaccurate or incomplete. We will consider your request and let you know if we made any changes.

## YOUR CHOICES

Feece ai heal hif mai , ca ell ch ice ab ha e ha e. If ha e a clea  
e fe e cef h e ha e i f mai i he i a i de c ibed bel , alk . Tell ha  
\\a d , a d e ill f ll i ci .

Sha e if mai ih famil , cl efe d ,  
he i led i a me f ca e.

Sha e if mai i adia e elief i ai .

C ac f f dai i ge .

N ha e i f mai .

PII efe i f mai ha ca be ed ide if ,  
ei he al e he c mbi ed i h he i f mai .

B ig eb ie , gi e emi i  
c llec PII.

Whe l k a l f heal hi a ce, gi i g  
PII i l a \\\



Ma ke i g e

Sale f i ma i

## INTERNAL PROTECTIONS OF ORAL, WRITTEN, AND ELECTRONIC HEALTH INFORMATION

We ha e ec i i lace f al, i e , a d elec ic i f mai ac he ga i a i .

We ai a f ll i ac a d ec i  
ce e .

We ee ie b ie a cia e f ll i ac  
a d ec i ce e .

We kee ce ec e.

We alk ab heal hif mai l f a  
b ie ea i h e le h eed k .

We kee heal hif mai ec e he e ed  
i ei elec icall .

We e ech l g kee he g e lef m  
acce i g heal hif mai .



## OUR RESPONSIBILITIES

We are responsible for maintaining the accuracy and security of your personal information. We will keep your information up-to-date and protect it from unauthorized access or disclosure. We will also ensure that your information is used only for the purposes for which it was collected.

For more information, please refer to our Privacy Policy.

We can change the terms of this notice at any time, and we will post the changes on our website. The new notice will be effective January 1, 2024.

Effective: January 1, 2024