



NOTICE OF PRIVACY PRACTICES

At Next Generation, we are committed to maintaining the privacy of your health information. We use a secure electronic health record to store your information. We will only use or share your health information as described in this Notice. You will be asked to sign an acknowledgement that you have received this Notice.

Using and Sharing Your Information

We use and share your information for treatment, billing/ payment, and health care operation purposes. This means we use and share your health information:

- **with other health care providers who are treating you or with a pharmacy that is filling your prescription**
- **with your insurance plan to obtain payment for health care services or to get pre-approval for your treatment**
- **to run our business, improve your care, educate our professionals, and evaluate provider performance.**

Sometimes we may share your information with our billing service who help us with our business operations. All of our business associates must protect the privacy and security of your health information just as we do.

We may also use or share your information to contact you:

- **about health-related benefits or services**
- **or about your upcoming appointments**

Rarely we are required by law to share your information in other ways:

- **Public health and safety: reporting diseases, reporting suspected abuse, neglect, or domestic violence**
- **Judicial and administrative proceedings: responding to a court or administrative order**
- **Workers' compensation and other government requests**
- **Law enforcement: with a law enforcement official to identify or find a suspect or missing person**
- **Department of Health and Human Services to see if we are complying with federal privacy law**
- **Disaster relief situation: sharing your location and general location for the purpose of notifying your family, friends, and agencies chartered by law to assist in emergency situations**

You have certain rights when it comes to your healthcare information

You may:

- **Review or get a paper copy of your medical or billing record. You may be charged a reasonable cost based fee for your records**
- **Request confidential communications. You can ask us to contact you in a certain way, for example, by cell phone. We will say "yes" to all reasonable requests.**
- **Ask us to limit what information we use or share for your treatment, payment, and healthcare operations. Please submit your request in writing. We are not required to agree to your request, but we will review it. When you pay for services out-of-pocket, in full, and ask us not to share the information with your insurance plan, we will agree unless a law requires us to share that information.**

- **Ask us to correct your medical record if it is inaccurate or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.**
- **You may obtain a copy of this Privacy Notice from the front desk.**
- **Choose someone to act for you. This “personal representative” can exercise your rights and make choices about your health information. Generally, parents and guardians of minors will have this right for the child, unless the minor is permitted by law to act on their own behalf.**
- **File a complaint if you feel your rights have been violated. You may contact the Dr. Minior or the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.**

Our Responsibilities

- **We are required by law to maintain the privacy of your protected health information**
- **We will notify you if a breach occurs that may have compromised the privacy or security of your identifiable information**
- **We must follow the practices described in this Notice and provide you with a copy of it if you would like one**
- **We reserve the right to change the terms of this Notice**