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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY, AS THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT

DR. MORRISON'S LEGAL DUTY

I am required by applicable federal and state laws to maintain the privacy of your health information and to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice.

I reserve the right to change my privacy practices and the terms of this Notice at any time, provided such changes are applicable by law. This pertains to all health information that I maintain, including any health information I created or received prior to this law going into effect on April 15, 2003. Before I make a significant change in my privacy practices, I will change this Notice and make the new Notice available upon request. You may request a copy of my Notice or more information about privacy practices at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

I use and disclose health information about you for treatment and payment.

Treatment: I may use or disclose your health information to a physician or other healthcare providers providing treatment to you.

Payment: I may use and disclose your health information to obtain payment for services I provide to you.

Your Authorization

In addition to my use of your health information for treatment or payment, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in this Notice, except as required by law.

To Your Family and Friends: I must disclose your health information to you, as described in the Patient Rights section of this Notice. I may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or pay for your healthcare, but only if you agree I may do so.

Persons Involved in Care: I may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or your death. If you are present prior to the use or disclosure of this health information, I will provide you with an opportunity to object to such use or disclosure. In the event of your incapacitation or emergency circumstances, I will disclose health information based on a determination using professional judgment, disclosing only that which is directly relevant to the person's involvement in your healthcare.

Marketing Health-Related Services: I will not use your health information for marketing communications without your written authorization.

Abuse or Neglect: I may disclose your health information to appropriate authorities if I reasonably believe that you are a possible victim or abuse, neglect, domestic violence, or the possible victim of other crimes. I may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: I may disclose to military authorities the health information of Armed Forces personnel under certain circumstances, as required for lawful intelligence, counter intelligence, and other national security activities. I may disclose to a correctional institution or law enforcement officer having lawful custody of protected health information of an inmate or patient under certain circumstances.

Appointment Reminders: I may use or disclose your health information to provide you with appointment reminders by voice mail message or letter.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. Requests must be in writing in a letter or on a form provided by Dr. Morrison. You may request that I provide your health information in a format other than photocopies, such as a summary. I will use the format you request unless I cannot practicably do so. Dr. Morrison will charge a reasonable cost-based fee for expenses such as copying, time, and postage.

Disclosure Accounting: You have the right to receive a list of instances in which I disclosed your information for purposes other than treatment or payment and certain other activities, going back 6 years but not before April 14, 2003. If you request this accounting more than once in a 12 month period, I may charge you a reasonable cost-based fee.

Restriction: You have the right to request that I place additional restrictions on my use or disclosure of your health information. I am not required to agree to these additional restrictions but if I do, I will abide by this agreement except in an emergency.

Alternative Communication: You have the right to request in writing that I communicate with you about your health information by alternate means or in alternate locations, specifying satisfactory explanation as to how payments will be handled.

Amendment: You have the right to request in writing that I amend your health information, along with an explanation as to why the information should be amended. I may deny your request under certain circumstances.

Electronic Notice: If you receive this notice on my website or email, you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about my privacy practices, please contact me.

If you are concerned that I have violated your privacy rights or if you disagree with the decision I made about access to your health information; a response to a request you made to amend or restrict access to the use or disclosure of your health information; or to have me communicate with you by alternative means or at alternate locations, you may complain to me. You may also submit a written complaint to the U.S. Department of Health and Human Services. I support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint.