

**NOTICE OF PRIVACY PRACTICES
OF
ORCHARD PARK FAMILY PRACTICE**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

INDIVIDUAL RIGHTS

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you .75 cents for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or health operations. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We may contact you to provide appointment reminders, information about treatment, services, products or health care providers. You may request communications of your health information by alternative means or at alternative locations.

COMPLAINTS

If you are concerned that we have violated your privacy right, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. There will not be retaliation for filing a complaint.

OUR LEGAL DUTY

We are required by law to protect the privacy of your information, provide this notice about our information practices and follow the information practices that are described in this notice effective April 2003.

If you have any questions or complaints, please contact:

Julie Soto
Practice Executive
Phone: (716) 662-5357
Or
Fax: (716) 662-2774