

of copying, mailing, labor and supplies associated with your request. To inspect and copy your NPI, you must submit your request in writing to our address.

Under certain circumstances we may deny your request to inspect and copy your NPI. If you are denied access to this information, you have the right to have that determination reviewed. A licensed health care professional chosen will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**The Right to Amend or Correct NPI:** If you feel that any NPI we have about you is not correct or incomplete, you may ask us to correct or amend the information. You have the right to request an amendment for as long as the information is kept (seven years). To request an amendment, your request must be made in writing to the address below. Additionally, you must provide a reason that supports your request.

This practice reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**The Right to an Accounting of Disclosures:** An accounting of disclosures is a list of the disclosures we have made, if any, of your NPI.

You have the right to request an accounting of disclosures made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It also excludes communications of NPI made to you or disclosures authorized by you.

Your request must be made in writing and state a time period that cannot be longer than six (6) years. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**The Right to Receive Communications of NPI by Alternative Means or at Alternative Locations:** You have the right to request that we communicate with you about your treatment and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing.

**The Right to Request Restrictions:** You have the right to request a restriction or limitation on the NPI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a limit on the treatment information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend).

We are not required to agree to your request, however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply.

Any request for a restriction on our use and disclosure of your NPI must be made in writing to the address below. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

**The Right to Provide an Authorization for Other Uses and Disclosures:** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your NPI may be revoked at any time in writing to the address below. After you revoke your authorization, we will no longer use or disclose your NPI for the purposes described in the authorization, except under the following circumstance:

We have taken action in reliance upon your authorization before we received your written revocation

**The Right to Obtain a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice of privacy practices at any time.