**Your Health Information Rights**

Following is a statement of your rights with respect to your protected health information.

**Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend:** If you feel that health information we have about you and/or your child is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosure we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required.

**Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you and/or your child 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. If we do agree, we will comply with your request unless the information is needed to provide treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

**Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints If you believe your privacy rights have been violated, you may file a complaint with me or Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You and/or your child will not be penalized for filing a complaint. For more information on filing a complaint with the Government call 1-866-627-7748 or visit the website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

Swift Medical Billing

September 2018