characteristics of our practice include the following to you. We make every effort to protect your information from unnecessary disclosure. Some of the We believe that your health information is private

We may use a sign-in sheet to facilitate patient

that may contain protected healthcare information When legally appropriate, we shred information

your information from unauthorized individuals We employ firewalls and passwords to protect

tecting health care information. We educate our staff as to the importance of pro-

closing information to sources not defined in this We require your written authorization prior to dis-

time by sending us a written request You may revoke your written authorization at any



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