

We are not required to agree to your request. However, if we agree to your request, we will document the restriction and retain the documentation for six years from the date of the agreement. We may not use or disclose your PHI in violation of your request, except that if it is an emergency situation and your PHI is needed to provide you with emergency treatment, we may use your PHI or may disclose your PHI to a health care provider so that it may provide you with emergency treatment. We will request that the health care provider not further use or disclose your PHI. We may terminate our agreement if: (a) you agree to or request the termination in writing; (b) you orally agree to the termination and your oral agreement is documented; or (c) we inform you that we are terminating our agreement (such termination is only effective with respect to PHI created or received after we have informed you).

To request restrictions, you must make your request in writing to **Cynthia B. Nguyen**. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to 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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to **Cynthia B. Nguyen**. We will not ask you the reason for your request and will accommodate all requests we deem reasonable. Your request must specify how or where you wish to be contacted.

Right to a 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 by e-mail, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact **Cynthia B. Nguyen**.

CHANGES TO THIS NOTICE

We reserve the right to: (a) change this notice; and (b) make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. If we make a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in this notice, we will redistribute a revised notice within 60 days of the material change.

PERSONAL REPRESENTATIVES

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of authority may take one of the following forms: (a) a **Spackenkil**