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**Privacy Notice**

In compliance with the Federal Government’s Bill on Protecting the Privacy of Individuals, you are hereby informed of the following:

1. Your Personal Health Information is kept under secured file.
2. Your Personal Health Information can only be released under the following conditions:
	1. To insurance companies or third-party payers who have an active relationship with the patient.
	2. To other health care providers who have a professional relationship with the patient.
	3. May be released to an investigational organization if such information is for the purpose of health care fraud and/or abuse detection or compliance.
	4. PHI may be released to any entity, provided the releasing of such information is requested and authorized by the undersigned patient. A written request for the release, signed by the patient, shall be necessary. An oral request is not valid.

The recipient shall have the right to revoke this privacy notice upon a written and dated request to revoke the same. Under no circumstances will the names of recipients be released for any marketing or solicitation request without the written authorization to release such information, signed and dated by the recipient.

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