

# Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

We recognize the importance of your privacy and are dedicated to safeguarding the confidentiality of your medical information. We maintain records of the care we provide and may also receive records from other healthcare providers. These records are used to deliver high-quality care and help us fulfill our professional and legal obligations in managing this medical facility. In compliance with the law, we are required to protect your health information and inform you of our legal responsibilities and privacy practices regarding this information. This notice explains how we may use and share your medical information, as well as your rights and our legal duties related to it. If you have any questions about this notice, please contact our Privacy Officer.

## A. How This Medical Practice May Use or Disclose Your Health Information

This medical practice collects and stores your health information in both a physical chart and on a computer, which together make up your medical record. While the medical record is the property of this practice, the information it contains belongs to you. The law allows us to use or disclose your health information for the following purposes:

1. ;       **Treatment.** We use your medical information to deliver the care you need. We may share your information with our employees and others involved in your care. For instance, we may disclose your medical information to other physicians or healthcare providers who offer services we do not provide. We might also share it with a pharmacist to fill out a prescription or with a laboratory conducting tests. Additionally, we may disclose your information to family members or others who can assist you if you are ill or injured.
2. ;       **Payment.** We use and share your medical information to secure payment for the services we provide. For instance, we may disclose your information to other healthcare providers to help them obtain payment for the services they have rendered to you.
3. ;       **Health Care Operations.** We may use and disclose your medical information to operate this medical practice effectively. For example, we may use it to assess and improve the quality of care we provide or to evaluate the qualifications and performance of our professional staff. We may also use and disclose your information to obtain approval from your health plan for services or referrals. Additionally, we may use and disclose this information for medical reviews, legal services, audits, fraud detection, compliance programs, and business planning. We may also share your information with our "business associates," such as billing services, who perform administrative tasks on our behalf. We have formal agreements with these associates to ensure they protect the confidentiality and security of your medical information. While federal law may not require the protection of health information disclosed to parties other than healthcare providers, health plans, healthcare clearinghouses, or their business associates, California law restricts recipients of your healthcare information from further sharing it, except as required or permitted by law. Furthermore, we may share your information with other healthcare providers, healthcare clearinghouses, or health plans that have a relationship with you, when they request it for activities such as quality assessment, patient safety, population health improvement, case management, care coordination, professional qualifications review, training, accreditation, licensing, or fraud detection and compliance efforts.
4. ;       **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. ;       **Sign In Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. ;       **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or

another individual responsible for your care about your location, general condition, or, unless you have directed otherwise, in the event of your death. In a disaster, we may share information with a relief organization to coordinate these notification efforts. We may also disclose information to someone involved in your care or who helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to do so before making these disclosures. However, in the case of a disaster, we may disclose this information even if you object, if we believe it is necessary to address the emergency. If you are unable or unavailable to provide consent, our healthcare professionals will use their best judgment when communicating with your family or others.

7. ; **Marketing.** If we do not receive payment for these communications, we may contact you to encourage the use or purchase of products or services related to your treatment, case management, or care coordination. We may also recommend other treatments, therapies, healthcare providers, or care settings that may be of interest to you. Additionally, we may provide information about products or services offered by this practice and inform you about the health plans we participate in. We may receive financial compensation for face-to-face communications, providing small promotional gifts, or covering the costs of reminding you to take your medication or refill prescriptions, or communicating about a drug or biologic currently prescribed to you. This will occur only if: (1) you have a chronic, seriously debilitating, or life-threatening condition, and the communication aims to educate or advise you about treatment options and maintain adherence to your prescribed treatment ; or (2) you are a current health plan member, and the communication pertains only to the availability of more cost-effective pharmaceuticals. If these communications involve a chronic, seriously debilitating, or life-threatening condition, we will notify you in at least 14-point type of: (1) the fact and source of the compensation received ; and (2) your right to opt out of future paid communications by calling the communicator's toll-free number. We will not use or disclose your medical information for marketing purposes, nor will we accept any payment for marketing communications without your prior written authorization. The authorization will clearly state whether we receive compensation for any marketing activity you approve, and you may revoke this authorization at any time to stop future marketing communications.
8. ; **Sale of Health Information.** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. ; **Required by Law.** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. ; **Public Health.** We may and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability ; reporting child, elder or dependent adult abuse or neglect ; reporting domestic violence ; reporting to the Food and Drug Administration problems with products and reactions to medications ; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. ; **Health Oversight Activities.** We may and are sometimes required by law to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and California law.
12. ; **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process

if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. ; **Law Enforcement.** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. ; **Coroners.** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. ; **Organ or Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
16. ; **Public Safety.** We may, and are sometimes required by law, disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. ; **Proof of Immunization.** We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.
18. ; **Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. ; **Worker's Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. ; **Change of Ownership.** If this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. ; **Breach Notification.** In the event of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

## **B. When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Health Information Rights**

1. ; **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other requests and will notify you of our decision.
2. ; **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. ; **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect

it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to another person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be likely to cause substantial harm to the patient, you will have a right to appeal to our decision.

4. ; Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend it in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you believe to be incomplete or incorrect. All information related to any request to amend, or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. ; Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. ; You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email.

If you want a more detailed explanation of these rights or if you want to exercise one or more of them, contact our Privacy Officer.

#### **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such an amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

#### **E. Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer.

If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to the U.S. Department of Health and Human Services either through their online portal, or in writing.

Online Portal: OCR Complaint Portal at [www.ocrportal.hhs.gov/ocr/smartscreen/main.jsf](http://www.ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

In Writing: Download and complete the Health Information Privacy Complaint Form Package at [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html) and either mail or email it to HHS:

Mailing Address-

Centralized Case Management Operations

U.S. Department of Health and Human Services 200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

Email Address-

OCRComplaint@hhs.gov

## HIPAA

### Acknowledgement of Privacy Practice

| Confidential Contact Information           |   |
|--------------------------------------------|---|
| Permission to Leave Voicemails             |   |
| Medical Contact Permission                 |   |
| Emergency Contact                          |   |
| Relationship to Individual                 | [ |
| Phone Number                               |   |
| Release of Information - Second Individual |   |
| Second Individual's Phone Number           |   |
| Relationship to Second Individual          |   |

I, \_\_\_\_\_, do hereby consent and agree to the terms set forth in the Notice of Privacy Practices and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

Signature of Patient/Legal Guardian:

Relationship to Patient (if applicable):