Notice of Privacy Practices:

This notice of privacy practices ("Notice") describes how we disclose your health records and how you can get access to such information. Please read it carefully.

Your "health records" for the purpose of this Notice is generally any information that identifies you and is created, received, maintained, or transmitted by us in the course of providing health care items or services to you, referred to as "health records" in this Notice. We are required by the Health Insurance Portability and Accountability Act of 1996 HIPAA) and other applicable law to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health records.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reasons why we use or disclose your health records are for treatment, payment, and health. These are operational examples of how we use and disclose your health records for treatment purposes or making an appointment for your testing or exams, prescribing medication, referring you to another doctor or clinic for care, getting copies of your health records from another professional that you may have seen before us. Examples of how we use or disclose your health records for payment purposes are: asking you about your health or health care plans, or other courses of payment: preparing and sending bills or claims or collecting unpaid amounts (either through us, through a collecting agency or attorney). "Health care operation" means administrative and management functions that we must carry out in order to run our office. Examples of how we use and disclose your health records for our health care operations are financial or billing audits, internal quality insurance, personal decisions, participation on managed care plans, declines of legal matters, business planning and outside storage of our records.

OTHER DISCLOSURE AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT

In some limited situations, the law allows or requires us to use or disclose your health records without your consented authorization. Not all of these situations will apply to us, some may never come up at our office at all.

Such use disclosures are:

- When a state or federal law mandates that certain health information be reported for specific purposes.
- Public health purposes such as contagious disease reporting, investigation or surveillance and the notice to and from the F.D.A regarding drug or medical devices.
- Disclosure to government authorities about victims of suspected abuse, neglect, or domestic violence. Disclosure for health oversight activities such as for licensing doctors, for audits by Medicare or Medi-Cal, or for investigation of possible violation of health care laws.
- Law enforcement purposes such as to provide information about someone who is suspected to be a victim of a crime. To provide information about a crime in office or elsewhere.
- Medical examiner to identify a dead person or to determine the cause of death, or to organizations that handle organs and tissue donations.
- Use and disclosure to prevent a serious threat to health or safety.
- Disclosure of de-identified information
- Disclosure relating to workers' compensation program
- Disclosure of a "limited data set" for research, public health or health care operations
- Disclosure to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA.

Unless you object, we will also share relevant information about your care with any of your personal representatives who are helping you upon your death, disclosure to your family members or to other people who were involved in your care or payment for health care prior to your death (such as personal representative health information relevant to their involvement in your care unless doing so is inconsistent with your preference as expressed to us prior to death.

SPECIFIC USES AND DISCLOSURE OF INFORMATION REQUIRING YOUR AUTHORIZATION

The following are some specific uses and disclosures we may not make of your health records without your authorization. Marketing activities: We must obtain your authorization prior to using or disclosing any other health records for marketing purposes unless such marketing communication takes the form of face-to-face communication we may make with individuals or promotional gifts of normal value that we may provide. If marketing involves financial payments to us from a third party, your authorization must also include consent to such payment.

Sale of health information:
We do not sell or plan to sell your health records and must have your authorization prior to doing so.
Psychotherapy note:
Although we do not create or maintain psychotherapy notes on your patients, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any such note.

YOUR RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURE

- Other uses and disclosure of your health records that are not described in the notice will be made only with your written authorization.
- You may give us written authorization on permitting use of your health records that are not identified in the notice or are not otherwise permitted by applicable law.
- We must agree to request to restrict disclosure of your health records to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is otherwise required by law and such information pertains solely to health care items or services for which you have paid in full for which another person other than the health plan has paid in full on your behalf.

YOUR INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your health information:

- To request restrictions on the health records we may use and disclose for treatment, payment, and healthcare operations, **we are not required to agree to these requests**. To request restrictions, please send a written request to the address below.
- To receive confidential examinations of health records about you in any manner other than describing our authorization request form you must take such requests written to the address below; however, we reserve the right to determine if we will be able to continue treatment under some restriction authorization.
- The inspector copy of the health records, you want to make sure with the written quest to the address below we may charge a fee for the cost of copying, mailing or other supplies. In certain circumstances, we may deny your inspector copy of the health records subject to applicable law.
- To amend health records if you feel that the health records we have about you are incorrect or incomplete, you may ask to amend the information. To request an amendment, you must write to us at the address below with a reason to support your request. We may deny your request to amend your health records if a reason is not given to support your request. Other reasons of denying your request:
    1. Was not created by us or the person who created it is no longer available to make the amendment.
    2. It's not a part of the health records copy kept by/for us.
    3. It's not a part of the information you will be permitted to inspect a copy or is accurate and complete.
- To receive an accounting of your health records, you must make sure the request is written to the address below, and not all health records are subject to this request. Your request must take time, for the information you would like to review must be no longer than 6 years prior to the date of the request.
- To designate another party to receive your health records, you must request access for this person to receive your health records. This must be done in writing to the address below and clearly identify the designated recipient and where to send a copy of your health records.

CONTACT PERSON:
Our contact person for all questions or requests for further information related to the privacy of your health.

Name:_____ Address: _____

COMPLAINTS:
If you think that we have not properly respected the privacy of your health records, you're free to state your concerns to us or the United States Department of Health and Human Services Office for Civil Rights. You can show your concerns to us in person or in a letter (can be sent to the address that is provided for you).

CHANGES ON THIS NOTICE:
We reserve the right to change our privacy practice and apply these changes to the practice of health records. Any revisions that we have will be described in a revised notice. This will be posted properly in our facility, and upon request will be provided.

Notice Revised and effective: _____

ACKNOWLEDGEMENT OF RECEIPT:

I have knowledge that I have received a copy of : Notice of privacy practice.

Date: _____

_____

(Patient Name) (Signature)

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