

## 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 understand that medical information about you and your health is personal. We are committed to protecting medical information about you. In accordance with the Health Insurance Portability and Accountability Act, we are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

### **Disclose Your Protected health information:**

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example of each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories.

**Treatment** We may use and disclose protected health information about you to provide, coordinate or manage your health care and related services. This may include communications with other health care providers - who were/are involved in your care - regarding your diagnoses and treatment plans, coordination and management of your health care with others. For example, we may use and disclose protected health information about you when you need a prescription, lab work, an x-ray, or other health care services.

**Payment** Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. We may also share portions of medical information about you with the following:

- A billing company;
- Collection departments or agencies, or attorneys assisting us with collections;
- Insurance companies, health plans and their agents which provide you coverage;
- Consumer reporting agencies (e.g., credit bureaus).

**Health Care Operations** We may use and disclose protected health information in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide. Examples of the way we may use or disclose protected health information about you for "health care operations" include the following:

- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we and others provide.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Assisting various people who review our activities. For example, protected health information may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organization and the services it provides.
- Resolving grievances within our organization.
- Complying with this Notice and with applicable laws.

**Appointment Reminders** We may use and disclose health information to contact you as a reminder about scheduled appointments.

**Treatment Alternatives** We may use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

**Others involved in Your Care** We may use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

**Research** We may use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**As Required by Law** We may use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

**To Avert a Serious Threat to Public Health or Safety** We may use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Worker's Compensation** We will use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Inmates** We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.

## **Your Health Information Rights**

***You have the right to inspect and copy your protected health information.*** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action of proceeding, and protected health information that is subject to law that prohibits access to protected health information.

***You have the right to request a restriction of you protected health information.*** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want that restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

***You have the right to request to receive confidential communication from us by alternative location.*** For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

***You have the right to obtain a paper copy of this notice from us,*** upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

***You may have the right to have your physician amend your protected health information.*** We are permitted to deny your request if it is not in writing or does not include a reason to support the request.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal.

***You have the right to receive and accounting of certain disclosures we have made, if any, of your protected health information.*** You have the right to request a restriction or limitation of how we use or disclose your health information for treatment, payment, or health care operations.

## **Complaints**

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint

## **Uses or Disclosures Not Covered**

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reason stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

We reserve the revise or amend this Notice of Privacy Practices. You may request a copy of our most current notice at any time.

If you have questions or would like additional information, you may contact our office at 949-387-8422.