

## 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!

With your consent, my practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### **Example of use of your health information for treatment purposes:**

I obtain treatment information about you and record it in your case record. During the course of your treatment, I determine a need to consult with another specialist in the area. I will share the information with such specialist for input.

### **Example of use of your health information for payment purposes:**

I submit a request for payment to your health insurance company. The insurance company requests information from me regarding psychological care given. I will provide information to them about you and the care given.

### **Example of use of your information for health care operations:**

I obtain services from my insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credential, medical review, legal services, and insurance. I will share information about you with such insurers or other business associates as necessary to obtain these services.

### **Your Health Information Rights**

The health record I maintain and billing records are the physical property of my practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information as required to be maintained by law by delivering a written request to my office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to my office.

If you want to exercise any of the above rights, please contact my office, in person or in writing, during normal hours. I will provide you with assistance on the steps to take to exercise your rights.

### **Our Responsibilities**

My practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of my duties and privacy practices as to the information I collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if I cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and to enact new provision regarding the protected health information I maintain. If my information practices change, I will amend my Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of my "Notice" or by visiting my office and picking up a copy.

### **To Request Information or File a Complaint**

If you have question, would like addition information, or want to report a problem regarding the handling of your information, you may contact my office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services whose street address is: Federal Office Building, 50 United Nations Plaza- Room 322, San Francisco, CA 94102.

- I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- I cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

### **Other Disclosures and Uses**

#### **Notification**

Unless you object, I may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

#### **Communication with Family**

Using my best judgment, I may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### **Food and Drug Administration (FDA)**

I may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

#### **Workers Compensation**

If you are seeking compensation through Workers Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

#### **Public Health**

As required by law, I may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

#### **Abuse and Neglect**

I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

#### **Correctional Institutions**

If you are an inmate of a correctional institution, I may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

#### **Law Enforcement**

I may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or the extent an individual is in the custody of law enforcement.

#### **Research**

I may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

#### **Disaster Relief**

I may use and disclose your protected health information to assist in disaster relief efforts.

#### **Organ Procurement Organizations**

Consistent with applicable law, I may disclose your protected health information to organ procurement organization or other entities engaged in the procurement; banking; or transplantation of organs for the purpose of tissue donation and transplant.

#### **For Specialized Government Function**

I may disclose your protected health information for specialized government functions as authorized by law, such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

#### **Health Oversight**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

#### **Judicial/Administrative Proceedings**

I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

#### **Other Uses**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

#### **Website**

If I maintain a website that provides information about my entity, this Notice will be on the website.