



NOTICE OF PRIVACY PRACTICES

Our office is committed to protecting the privacy of our patients and the confidential information entrusted to us. We use and disclose information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of California. This Notice of Privacy Practices describes how we may use your health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law.

NOTICE APPLIES TO

This Notice describes the practices of this office and those of:

- Any healthcare professionals authorized to enter information into your record;
- All employees, staff, and other office personnel; and
- Any volunteers, interns, or students we allow to work with you while you are a patient of this Medical Practice.

This notice applies to all facilities and entities owned, operated and/or managed by this practice. A complete listing of facilities and entities operating under this notice may be obtained by contacting the Privacy Officer at (310) 944-9094.

THE DUTIES OF THIS OFFICE/ORGANIZATION

This office/organization is required by law to maintain the privacy of your personal medical information and to provide you with notice of our legal duties and privacy practices with respect to that information. We are also required to abide by the terms of our current Notice of Privacy Practices.

USE AND DISCLOSURE OF MEDICAL INFORMATION

This office/organization may use your medical information for treatment, payment, and healthcare operations purposes. The following are some examples:

- For treatment purposes, we may release your medical information to other physicians, dentists, or health care providers, such as nurses or technicians, to assist in treating you.
- In billing for your treatment, we may release your medical information to your insurance company in filing a claim or in order to receive payments.
- We may also use your medical information for our healthcare operations. This includes activities involving review of our treatment and services to help us evaluate the quality of care we are providing, and evaluation of the performance of our staff in caring for you.

APPOINTMENT REMINDERS, CALL BACKS, & TREATMENT ALTERNATIVES

We may use your information to contact you for appointment reminders, to call you with the results of diagnostic tests, or to check on your condition following a visit or procedure. We may also contact you to provide you with information about treatment alternatives or health-related benefits or services.

OTHER DISCLOSURES

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There are some disclosures of medical information that do not require your authorization. Those disclosures include any of the following:

- Those required by federal, state or local law;
- To report adverse events or defects associated with products or medications;
- For public health activities, such as the reporting of communicable diseases;
- About victims of abuse, neglect or domestic violence;
- To comply with government oversight activities, such as audits or investigations;
- For judicial or administrative proceedings;
- For law enforcement purposes, such as in the course of a crime investigation or location of a missing person;
- For organ or tissue donation purposes, if you are an organ donor;
- For specialized government functions, such as intelligence, counter-intelligence, or other national security activities; and
- For worker's compensation.

Other uses and disclosures of your medical information will be made only with your specific written authorization, which you may revoke any time by giving written notice.

YOUR RIGHTS

You have the following rights regarding the medical information we maintain about you:

- You have the **right to request restrictions** on use and disclosure of your medical information, and you have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.
We are not required to agree to the restriction, but once we do agree, we are bound by that agreement, unless the information is needed to provide you with emergency treatment.
- You have the **right to receive communication of your medical information in a private and confidential manner**, when feasible and upon request. For instance, you may want to be contacted about test results at an alternative telephone number.
- You have the **right to inspect and obtain copies your medical information**. Requests must be made in writing and an appropriate charge may be assessed for each page copied.
- You have the **right to request a change to your medical information** if you believe there is an error. You must submit a request in writing; including the information you believe should be changed and we will change your record, if appropriate. We reserve the right to deny the request to change your record, if the change is not appropriate.
- You have the **right to a list of disclosures** we have made of your medical information, excepting disclosures made for the purposes of treatment, payment, and healthcare operations. Requests must be made in writing. You may receive one listing per calendar year without charge; any additional listings may be subject to a reasonable fee.
- You have the **right to receive a paper copy of this notice** upon request.

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FOR MORE INFORMATION, OR TO REPORT A PROBLEM

If you have any questions about this Notice, please contact our Privacy Officer at (310) 944-9094.

If you believe that your privacy rights have been violated, we urge you to notify us immediately. You may also contact the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

We reserve the right to change our health information practices and the terms of our Notice of Privacy Practices, and to make the changes effective for all protected health information we maintain, including health information created or received before the effective date of the changes. In the event we change our health information practices, we will post and/or personally provide a revised Notice of Privacy Practices.

We thank you for being a patient in our office. Please let us know if you have any questions concerning your privacy rights and the protection of your health information.

EFFECTIVE DATE

This Notice is effective as of August 1, 2006.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I, _____, have received the Notice of Privacy Practices.
(Print patient name)

Patient Signature: _____ Date: _____

Relationship, if other than Patient: Spouse Parent Child Sibling Guardian Other:
(specify):

Patient refuses, or is unable, to acknowledge receipt of the Notice of Privacy Practices.

Employee Signature: _____ Date: _____