

Family Medical Center

Notice of Privacy Practices

Effective April 14 2003

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 the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such medical records from others. We use these records to provide or enable other health care providers to provide quality medical care to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to protected health information and to provide individuals with notice of our legal duties and privacy and disclose your medical information. If you have any questions about this Notice Please contact our Office Manager

TABLE OF CONTENTS

- A. How this medical practice may use or disclose your health information.**
- B. When This Medical May not use or disclose your health information.**
- C. Your Health Information Rights**
 - 1. Right to Request Special Privacy protections**
 - 2. Right to request Confidential Communications**
 - 3. Right to inspect and copy.**
 - 4. Right to amend or supplement**
 - 5. Right to an accounting of disclosures.**
 - 6. Right to a Paper Copy of this practices.**
 - 7. Complaint**

A. How this medical Practice May use or disclose your health information

This medical practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical records belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. TREATMENT: We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing. For example we may share you're with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

2. PAYMENT: We use and disclose medical information about you to obtain payment for the services we provide. . For Example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. HEALTH CARE OPERATIONS: We may use and about you to operate this Medical practice For example we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get to your health plan to authorize services and referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning management. We may also share your medical information with our "business associates" such as our billing service that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care permitted by law. We may also share your information with other healthcare providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce healthcare costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditations. Certification or licensing activities, or their healthcare fraud and abuse detection and compliance efforts. We also may share medical information about you to the other entire healthcare providers {healthcare clearinghouses} and health-plans who participate in for any healthcare operations activities of organizes health care arrangement

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. We may leave a remainder appointment at your work if that is only the telephone available to us unless otherwise stated by the patient.

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 person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. MARKETING We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with the small gifts. We will not use or disclose your medical information without your written authorization.

8 REQUIRED BY LAW As required by law, we will use and disclose your health information, but we will limit our use and disclosure to the relevant requirements by 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.

9. 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.

10. HEALTH OVERSIGHT ACTIVITIES We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California Law.

11. JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. We may, and a sometimes required by law, to disclose your health information in the course of 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 objection, or if your objections have been resolved by a court or administrative order.

12. 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.

13. CORONERS We may, and are often required by law, to disclose your health information to coroners in connection with their investigation of deaths.

14. PUBLIC SAFETY We may and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. SPECIALIZED GOVERNMENT FUNCTIONS We may disclose your health information for military or national security purposes or to correctional institutes or law enforcement officers that have you in their lawful custody.

16. WORKER'S COMPENSATION We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's 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.

17. CHANGE OF OWNERSHIP In the event that 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.

18. RESEARCH We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an institutional Review Board or privacy board, in compliance with governing law.

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES:

We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in authorization. Please note: We are required to retain records of your car

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 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 your use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

2. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION 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 e-mail account or your work address or to leave a message at your work. We will comply with your request within a reasonable time of your specific request in writing.

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 information you want to access. We will charge a reasonable fee for the copy, as followed by California Law. We may deny your request under limited circumstances. If we deny your access

4. Your child's records because we believe allowing would be reasonably likely to cause harm to your child, you have the right to appeal our decision. We can also deny request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

5. 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 in writing and include the reason you believe. You must make a request in writing and include the reasons you believe the information is inaccurate.

6. RIGHT TO ACCOUNTING OF DISCLOSURE You have a right to receive an accounting of disclosures of your health information made by this medical practice, except this medical practice does not have to account for 1. Treatment 2. Payment 3. healthcare operations 4. Notification and communication with family 5. Specialized government operations.

7. You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

D. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this notice of private practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After amendment is made the revised Notice Of Privacy Protections will apply to all protected health information we maintain regardless of when it was created or received.

E. COMPLAINTS:

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our office. If you have a complaint, you may submit a formal complaint:

Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W., Room 509 F HHH Bldg., Washington, DC 20201

You will not be penalized for filing a complaint