

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.

What is this Notice and Why is it Important?

By Law, physicians, nurses, and other clinical personnel are required to protect the privacy of your identifiable medical and other health information (protected health information).

Medical personnel are also required by law to give you this notice to tell you how they may use and give out your protected health information. They must follow the terms of this notice when using or disclosing your protected health information. They are required to obtain your permission before using or disclosing your protected health information, except as described below. This notice is effective as of April 14, 2003.

How may your physician use your Protected Health Information

Your physician is generally required to obtain your written authorization before using your protected health information. This section explains those situations where, under federal law, your physician may use or disclose your protected health information without your permission.

Your physician does not need to obtain your written permission to use your protected health information for the following purposes:

Treatment: We use and disclose your protected health information to provide health care services to you. This includes uses and disclosures to:

- Treat your illness or injury, or
- Contact you to provide appointment reminders, or
- Give you information about treatment alternatives or other health related benefits and services that may interest you.

Payment: We may use and disclose your protected health information to obtain payment for health care services that we or others provide to you. This includes uses and disclosures to:

- Submit and obtain payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payor), or
- Verify that your payor will pay for your health care.

Health Care Operations: We may use and disclose your protected health information for our health care operations, such as internal administration and planning that improve the quality and cost effectiveness of the care that we provide you. This also includes uses and disclosures to:

- Evaluate the quality and competence of our health care providers, nurses, and other health care workers,
 - Train students, residents and fellows, or
 - Identify health related services and products that may be beneficial to your health and then contact you about the services and products.
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- **Coroners or Medical Examiners:** We may disclose protected health information to a coroner or a medical examiner as required by law.
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- **Organ and Tissue Donation:** We may disclose protected health information to organizations that assist with organ, eye, or tissue donation, banking, or transplant.
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- **Health or Safety:** We may disclose protected health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
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- **Research:** We may disclose protected health information without your authorization for certain research purposes. For example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if an Institutional review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs as agreement to protect the information and not use it to identify you.

- **Development Activities:** We may contact you to request a contribution to support important activities. In connection with any fundraising, we may disclose to our fundraising staff only demographic information about you (for example, your name, address, and phone number) and dates on which we provided health care to you, without your written permission. We will not disclose your diagnosis or treatment, however, unless we have your written authorization to do so. We also may share demographic information about you with closely related foundations that assist us in our development activities.

- **Marketing Activities:** We may provide you with marketing materials in a fact-to-face encounter, without obtaining your authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your authorization. We will ask your permission before we use your health information for any other marketing activities.

- **Worker's Compensation:** We may disclose protected health information as authorized by and to extent necessary to comply with laws relating to workers' compensation or other similar programs or as required under laws relating to workplace injury and illness.

- **As Required by Law:** We may disclosed protected health information when required to do so by any other law not already referred to in the preceding categories.

FOR ANY PURPOSE OTHER THAN THE ONE DESCRIBED ABOVE, WE MAY ONLY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WHEN YOU GIVE US YOUR WRITTEN AUTHORIZATION.

Your Rights Regarding your Health Information:

Right to Request Access to your Health Information: You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you would like to access to your records, please obtain a record request form from your health care provider. If you request copies, we will charge you a reasonable fee for copies. We also will charge you for our postage costs, if you request that we mail the copies to you. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may not be accessible to you under California law.

Right to Request Amendments to your Health Information: You have the right to request that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please obtain an amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.

Right to Revoke your Authorization: You may revoke any written authorization obtained by us for use and disclosure of your protected health information, except to the extent that we have taken action in reliance upon it. Your revocation must be in writing and sent to your health care provider, or to whomever is indicated on your authorization.

Right to an Accounting of Disclosures of your Health Information: Upon request, you may obtain and accounting of certain disclosures of health information made by us (other than for treatment, payment or health care operations and for any disclosures made pursuant to your authorization.) The period of your request cannot exceed six years and does not apply to disclosure that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve month period, we will charge you a reasonable fee.

Right to Request how Information is Provided to you: You may request, and we will try to accommodate, any reasonable written request for you to receive protected health information by alternative means of communication or at a different address or location.

Right to Request Restrictions on the use of your Health Information: You may request that we restrict the use or disclosure of your protected health information. All requests for such restrictions must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction.

Right to Change Terms of This Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all protected health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas.

NOTICE OF PRIVACY PRACTICES

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you have received a copy of this notice.

Print Name

Signature

Date