

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 respect patient confidentiality and only release medical information about you in accordance with California and federal law. This notice describes our policies related to the use of the records of your care generated by this practice.

Privacy Contact. If you have any questions about this policy or your rights contact our office at 408-540-6861.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide your care, there are times when we will need to share your medical information with others beyond our practice. This includes for:

Treatment. We may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our practice that we are consulting with or referring you to.

Payment. Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

Information Disclosed Without Your Consent. Under California and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care. We will be contacting you to remind you of future appointments or information about treatment alternatives or other health related benefits and services that may be of interest to you.

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Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the Privacy Contact and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of the disclosures we have made related to your medical information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Contact. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions, or wish a copy of this Policy or have any complaints you may contact our Privacy Contact in writing at our office. You also may complain to the Secretary of Health and Human Services if you believe

our Practice has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. The Practice reserves the right to change its Privacy Policy based on the needs of the Practice and changes in state and federal law.