

## **NOTICE OF THE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

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 are required by federal law to maintain the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices regarding Protected Health Information. "Protected Health Information" is information that we keep in electronic paper or other form, including demographic information collected from you and is created or received by us, relates to your past, present or future payment for the health care services we deliver to you and that identifies you or which we reasonably believe can be used to identify you.

We are required by federal law to comply with the terms of the Notice. We reserve the right to make changes to our privacy practices regarding your Protected Health Information. If we change our privacy practices, that change will apply to all Protected Health Information that we maintain about you. However, before we change our privacy practices, we will provide you with written notice of any changes.

We may use and disclose your Protected Health Information for a variety of purposes. For example:

1. **Treatment:** We may disclose your Protected Health Information to another physician, such as a specialist, to whom we refer you for medical treatment.
2. **Health Care Operations:** We may disclose your Protected Health Information to a health plan managed care plan or to management services organizations that analyze our delivery of medical services to evaluate our health care quality management, case management or professional competence.
3. **Payment:** We may disclose your Protected Health Information to obtain payments. Disclosures for "payment" include: (a) disclosure to a health plan to determine your eligibility or coverage under the plan, (b) disclosures to a health plan to obtain reimbursement for delivering medical services to you, (c) disclosures to billing services or collection agencies, (d) disclosures for utilization management and determinations of whether the medical services we deliver to you are necessary or appropriate, or (e) disclosures to determine whether the amount we charge you for medical services are justifiable.
4. **Reminders and Treatment Alternatives:** We may contact you to provide you with appointment reminders or information about medical treatment alternatives or other health-related benefits and services that may be of interest to you.

We may, without your consent, use or disclose your Protected Health Information in connection with treatment, payment, or health care operations if we deliver health care products or services to you based on the orders of another health care provider, and we report the diagnosis to results associated with the health care services directly to another health care provider, who provides the products or reports to you.

We may, without your consent, use or disclose your Protected Health Information that was created or received under the following situations to carry out treatment, payment, or health care operations: (a) in emergency treatment situations, if we attempt to obtain your consent as soon as reasonably practicable after the delivery of such treatment; (b) if we are required by law to treat you, and we attempt to obtain such consent but are unable to obtain your consent; or (c) if we attempt to obtain your consent but are unable to obtain your consent due to substantial barriers to communicating with you, and we determine, in the exercise of professional judgment, that your consent to receive treatment is clearly inferred under the circumstances. We are required to disclose your Protected Health Information: (a) to you upon your request, and (b) to the U.S. Department of Health and Human Services when the Department investigates to determine whether we are in compliance with federal law. In each of these situations we will keep records that explain our attempt to obtain your request and the reason why consent was not obtained.

We are required to obtain your written authorization to use or disclose your Protected Health Information, and we may not condition the delivery of the medical treatment to you on your providing the requested written authorization. You have the right to revoke your authorization in writing as long as we have not acted in reliance on the authorization.

You have the following rights with respect to your Protected Health Information:

1. The right to request restrictions on our use and disclosure of your Protected Health Information for treatment, payment or health care operation. If we agree to any restriction, then we cannot violate that restriction except in the case of emergency treatment. However, we are not required to agree to any restrictions.
2. The right to request in writing and to receive confidential communications of Protected Health Information by alternative means (such as by mail), by voice mail, or at alternative locations (such as your office or business workplace).
3. The right to request in writing access to our office to inspect and copy your Protected Health Information. Except in cases where the Protected Health Information is not maintained or accessible on-site, we will act on a request for access no later than thirty (30) days after we receive your request.
4. The right to request in writing that we amend your Protected Health Information. Your request must contain the reasons to support the requested amendment. We will act upon your request within sixty (60) days after we receive your request.
5. The right to receive an accounting of all disclosures of your Protected Health Information in the six years prior to the date of your request except for disclosures: (a) to carry out treatment, payment and health care operation, (b) to you, (c) for our directory or to persons involved in your care, (d) for national security or intelligence purposes, (e) to correctional institutions or law enforcement officials or (9) that occurred prior to April 14, 2003.
6. The right to request and obtain from us a paper copy of this Notice

If you believe that we have violated your privacy rights, you may file a written complaint with Susan Kosasa, who is our privacy officer. We will not retaliate against you for filing a complaint. If you wish to obtain additional information about any matters discussed in this notice, you may contact Thomas Kosasa, M.D. at 949-2304.

This notice is effective as of April 14, 2003.