



Central Coast Family Care Notice of Privacy Practices

As required by the privacy regulation created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights regarding your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post and copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact: YOUR PHYSICIAN'S OFFICE MANAGER.

C. We may use and disclose your PHI in the following ways:

1. Treatment. Our practices may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice (including, but not limited to, our doctors and nurses) may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment, such as consultants or On Call physicians.

2. Payment. Our practices may disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may not provide your insurer with details regarding your treatment to determined if your insurer will cover, or pay for, your treatment. We may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

- 1. Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- 2. Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 3. Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 4. Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter bring their child to this office for treatment. In this example, the baby sitter may have access to this child's medical information.
- 5. Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to court or administrative order, if you are involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning the death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator.)

5. Deceased patients: Our practice may release PHI to a medical examiner, or coroner to identify a deceased individual or to identify the cause of death. If necessary we also may release information in order for funeral directors to perform their jobs.

6. Organ and tissue donation. Our practice may release PHI to organizations that handle organ, eye or tissue procurement or transplantation including donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research: If our practice is involved in research, we will obtain your written authorization to use your PHI for research proposes.

8. Serious threats to health or safety: Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to you health and safety or the health and safety to another individual or the public. Under these circumstances, we will only make disclosure to a person or organization able to help prevent a threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

11. Inmates. Our practice may disclose your PHI to correctional institutions to provide health care services to you.

12. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your health related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work.. In order to request a type of confidential communication, you must make a written request to your Physicians office, to the attention of the Office Manager, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

- **2. Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to certain individuals involved in your care or payment of your care, such as a family members or friends. We are not required to agree to your request; however, if we do agree, we are bound to our agreement except when otherwise required by laws, in emergencies or when the information is necessary to treat you. In order to request a restriction our use of disclosure or your PHI, you must make your request in writing to your Physicians office Manager. Your request must describe in clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use or disclosure or both,
- To whom you want the limits to apply

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make

decisions about you, including patient medical records and billing records, not including psychotherapy notes, you must submit your request in writing to your Physician's Office Manager in order to inspect and/or obtain a copy of your PHI. **Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.** Our practice may deny your request to inspect and/or copy in certain limited circumstances; however you may request a review of our denial.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to your Physician's Office Manager. You must provide us with a reason that supports your request of amendment. Our practice will deny your request if you fail to submit your request (and the reasons supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in your opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, or entity that created

the information is not available to amend the information.

6. Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures not related to treatment, payment or healthcare operations. Our practice will not involve you in any such arrangements without your consent. You must contact your Physician's Office manager to request such accounting.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

8. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorizations for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization may be revoked in writing at any time by you.