



Redlands Family Practice

A PrimeCare Provider

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003, as required by the Federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

Privacy Officer to contact for further information:
Administrator, 1520 Barton Road, Redlands, Calif. 92373
Phone: (909) 798-7766

US Federal law requires every medical facility to give you this notice, describing how your health information may be used and disclosed, and how you can get access to your individually identifiable health information. Please review this notice carefully, and ask us if you have questions.

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 create records regarding you and the treatment and services we provide to you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We realize that these laws are complicated, but we are now required by Federal law to provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in 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, or in the future. Our practice will post a 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. **If you have questions about this Notice, please contact our "Privacy Officer" designated above.**

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

Treatment. Our practice 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 other health-care providers for purposes related to your treatment. Finally, we may also disclose your PHI to persons who assist in your care, such as spouses, children or parents.

Payment. Our practice may use and 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 we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for you or your family's treatment. Also, we may use your PHI to bill you directly for our services. We may also disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Our practice may use and disclose your PHI for the following:

Health care operations. To evaluate the quality of care you received from us.

Appointment reminders: To contact you and remind you of an appointment.

Treatment options: To contact you and inform you of potential treatment options or alternatives.

Health related benefits and services. To inform you of health-related benefits or services that may be of interest to you.

Release of information to family/friends: We may release information to a friend or family member who assists in taking care of you.

Disclosures required by law: When we are required to do so by federal, state or local law.

Use and disclosure of your PHI in certain special circumstances: The following categories describe unique situations in which we may use or disclose your identifiable health information:

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 abuse or neglect

- Preventing or controlling disease, injury or disability.

- Notifying a person regarding potential exposure to a communicable disease.

- Reporting reactions to drugs or problems with products or devices.

Health oversight activities. Our practice may use and disclose your PHI to a health oversight agency for activities authorized by law.

Oversight activities can include, for example inspections, audits, surveys, licensure, or other activities necessary for compliance with civil right laws and the health care system in general.

Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to subpoena or other lawful process by another party 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 had requested.

Law Enforcement. We may release PHI if asked to do so by law enforcement official: Regarding a crime victim in certain situations such as: concerning a death; regarding criminal conduct; or 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.

Deceased patients. We 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.

Organ and tissue donation. We may release PHI to organizations that handle organ, eye or tissue procurement for transplantation, if you are an organ donor.

Serious threats to health or safety. When necessary we may release your PHI to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual or the public. Under these circumstances, we will only make disclosure to

a person or organization able to help prevent the threat.

Military. We may release PHI if you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. We may release PHI to federal officials for intelligence and national security activities authorized by law.

Inmates. We may release PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials.

Workers Compensation. For workers compensation and similar programs.

Your rights regarding your Protected Health Information (PHI). You have the following rights regarding the PHI that we maintain about you:

Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, 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 our Privacy Officer as designated above. Please specify 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.

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 of request that we restrict disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer designated above. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practices use, disclosure or both, and

- To whom you want the limits to apply.

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, but not including psychotherapy notes. You must submit your request in writing 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 records in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct the reviews.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for 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 our Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that in our best medical opinion is: (a) accurate and complete; (b) not part of the PHI kept by the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures." This is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of routine patient care in our practice is not required to be documented; for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an account of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an "accounting of disclosure" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates prior to April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests.

Right to a paper copy of this notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our administrative office at (909) 798-7766.

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. To file a complaint with our office, contact our Privacy Officer designated above. All complaints must be submitted writing. You will not be penalized for filing a complaint.

Other uses of medical information. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose identifiable health information, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose identifiable health information for the reasons covered by your

written authorization. You understand that we are unable to take back any disclosures that have already been made. *Please note:* We are required to retain records of the care that we have provided to you.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at (909) 798-7766.

Address:

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Redlands, CA 92373