

HIPAA 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.

At the practice of Dr. Massoud Saberinia it has always been our priority and our policy to respect and maintain your privacy.

In accordance with federal regulations under HIPAA (the Health Insurance Portability and Accountability Act of 1996), we have drafted a privacy policy. This allows us to better demonstrate to you our commitment to your privacy, as well as to keep in compliance with the new federal regulations.

It is our duty to maintain privacy as required by law and to provide this Privacy Notice, which is in effect as of April 14, 2003.

We ask that you contact the office manager for any further information or any issues about the handling of your protected health information (PHI).

We reserve the right to amend the Privacy Notice and to have the revised Notice be effective for all PHI we maintain. In the event that we do change the privacy notice, we will post an announcement at the front desk.

This notice describes how we may use and disclose our PHI to carry out treatment, payment, and health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

1. Uses and disclosures of Protected Health Information

Uses and disclosures of PHI Based on Your Written Consent

You will be asked to sign a consent form. Once you have consented to use and disclosure of your PHI for treatment, payment and health care operations by signing the consent form, your physician will use and disclose your PHI as described in this Section 1. Your PHI may be used and disclosed by your physician, our office staff and others outside our office that are involved in your care and treatments for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your healthcare costs and to support the operation of the physician practice.

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise your rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain your PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes; information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have questions about access to your medical record.

You have a right to request a restriction on your PHI. This means you have a right to ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit the use and disclosure of your PHI, your PHI will not be restricted. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction in writing, followed by an appointment to discuss the restriction.

In the interest of having uniform protocols and policies, we typically will not agree to follow the requests made to restrict PHI.

You have the right to request to receive communications from us by alternative means or at an alternate location. Unless you make a formal request in writing to the contrary, we will use your home address and your home or work phone numbers to contact you. At times it may be necessary for us to leave a message on your voice mail or answering machine. Again, please inform us in writing if this is not acceptable. We will attempt to use our discretion, where we feel appropriate.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

Following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI to another physician or health care provider (e. g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.

Payment: Your PHI will be used, as needed, to obtain payment for health care services. This may include certain activities that your health insurance plan may take before it approves or pays for the health care services we recommended for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use and disclose, as needed, your PHI in order to support the business activities of the physician practice. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students or residents, licensing, and conducting or arranging other business activities. For example, we may disclose your PHI to medical school students or residents that see patients in our office. In addition, we may use a sign-in sheet at the front desk. We may also call you by name in the waiting room. We may use and disclose your PHI to contact you to remind you of an appointment.

We will share your PHI with third party "business associates" that perform various activities for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Uses and Disclosures of PHI Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time in writing, except to the extent that your physician or the practice has taken an action in reliance on the use of the disclosure indicated in the authorization.

Other Permitted or Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree to object to the use or disclosure of your

PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest in our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally we may use and disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family and other individuals involved in your care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, he or she may use or disclose your PHI to treat you.

Communication Barriers: We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to the use and disclosure of your PHI under the circumstances.

Other Permitted or Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity or Object

We may use or disclose your PHI in the following situation without your consent or authorization. These situations include:

Required By Law: we may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses and disclosures.

Public Health: We may use and disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspection. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for the identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: when the appropriate conditions apply, we may use and disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign conduct national security and intelligence activities, including for the provision of protective service of the President or others legally authorized.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and our physician created or received your PHI in the course of providing care for you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the secretary of the Department of Health and Human Services to investigate or determine out compliance with the requirements of Section 164.500 et. Seq.

2. **Your Rights**

Your have the right to request that our physician amend your PHI.

This means you may request an amendment of PHI about you in a designated recorded amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide a copy about amending your medical records

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for the purpose other than treatment, payment, and healthcare operations. It excludes disclosure we may have made to you, to family members or friends involved in your case, or for notification purpose. The right to receive this information is subject to receiving this information is subject to cert, exceptions, restrictions and limitations. And applies to disclosures made after April 14, 2003.

3. **Complaints**

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of you complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.