

## HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information 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.

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

Our practice is dedicated to maintaining the privacy of your identifiable health information. 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 are also required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

**Treatment** Our practice may use your identifiable health information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your identifiable health information in order to write a prescription for you, or we might disclose your identifiable health information to a pharmacy when we call and order a prescription for you. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your spouse, children, or parents.

**Payment** Our practice may use and disclose your identifiable health information, as needed, 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 provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.

**Health Care Operations** Our practice may use and disclose your identifiable health information 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 health information to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice. We may use your PHI, as necessary, to contact you to remind you of an appointment.

We may use or disclose your PHI in situations without your authorization. These situations include: as required by law; public health issues as required by law; communicable diseases; health oversight; abuse or neglect, Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral directors, and organ donation; research; criminal activity; military activity and national security; Workers Compensation; inmates; required uses and disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of pliance with the requirement of Section 164.500.

**Other Permitted and Required Uses and Disclosures** will be made only with your consent and with authorization of opportunity to object, unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

### **YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION**

You have the following rights regarding the identifiable health information that we maintain about you:

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**Confidential Communication** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your case or the payment for 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.

**Inspection and Copies** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. Our practices 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. Reviews will be conducted by another licensed health care professional chosen by us.

**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. 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 (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the practice; (c) not part of the identifiable health information 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 disclosure. An accounting of disclosure is a list of certain disclosures our practice has made of your identifiable health information. All requests for an accounting of disclosure must state a time period which may not be longer than six years and may not include dates before 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 a 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice** You are entitled to receive a paper copy of our notice of privacy practices.

**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. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**Right to Provide an Authorization for Other Uses and Disclosures** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of your care.

**If you have any questions, requests or complaints regarding this notice of our health information privacy policies, please contact:**

Roxbury Surgery Center

450 North Roxbury Drive #520, Beverly Hills, CA 90210- 310-246-4628 Attn: Christine Martin ext. 282

This notice is effective as of April 14, 2003

We are required by law to maintain the privacy of individuals and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with Christine Martin in person or by phone at 310-246-4628 ext. 282.

By signing this form, you consent to our use and disclosure of protected information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosure in reliance on your prior consent.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_