

Effective Date: April 14, 2003

Date Revised:12/07

NOTICE OF PRIVACY PRACTICES FOR 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.

A federal regulation, known as the "HIPAA Privacy Rule," requires that we protect the privacy of health information that can be used to identify a patient. This information is called "protected health information" or "PHI". The HIPAA Privacy Rule requires that we provide you with a detailed notice in writing of our legal duties and privacy practices with respect to PHI; of how we use and disclose your health information; and of your rights with respect to your PHI. If you have any questions about this notice, please contact our Privacy Official.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

1. Treatment: We make a record of the medical care we provide and may receive such records from others. This medical information, stored in a chart or computer, is called your "medical record" and may be used by our staff members or disclosed to other health care providers or health plans for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may disclose PHI about you when referring you to a specialist physician, physical therapist, or other health care provider who provides services that we do not provide, so that they may treat you. We may use and disclose PHI when you need a prescription, lab work, x-rays, medical equipment or hospital care.

2. Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may share information with your health plan that they need to determine your eligibility for benefits, what services are covered, and payment. If you use a credit card to pay for services we are disclosing PHI when we send them the charge that includes your name and the type and date of service. We may disclose PHI to a collection agency to assist us in collecting payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations: We may use and disclose PHI about you to operate this medical practice in the following ways:

- To review and improve the quality, efficiency and cost of care that we provide to our patients;
- To evaluate the skills, qualifications and performance of our employees and professional staff;
- For medical reviews, legal services, audits, investigations, inspections, fraud and abuse detection and compliance programs; or for accreditation, certification, licensing and credentialing activities;
- To provide training for students or practitioners in health care, or clerical and administrative trainees and personnel to learn under supervision and practice to improve their skills;
- To sell our practice to someone else, combine with another practice or establish a new partnership relationship with another physician; or
- To create "de-identified" (anonymous) information that is not identifiable to any individual.

We may also share your medical information with our "business associates" who perform administrative services for us. We may share PHI for the following reasons:

- To obtain troubleshooting assistance with our electronic billing software;
- To obtain medical transcription services;
- To obtain medical malpractice insurance services.

- To obtain telephone answering services.

We have a written contract with each of our business associates that contains terms requiring them to protect the confidentiality of your medical information. Under California Law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

We may also share medical information about you with other health care providers, health plans and health care clearinghouses that participate in an "organized health care arrangement" (OHCA) for health care operations. An example of an OHCA would be the joint care provided by Dr. Kantor and/or Valencia Surgery Center and/or Henry Mayo Newhall Memorial Hospital if you were hospitalized there.

4. Individuals Involved in Your Care or Payment for Your Care: We may also disclose PHI about you to a family member, close friend or other person who is involved with your care or who helps pay for your care. If you are available and able to agree or object then we will give you the opportunity to agree or object prior to making these disclosures and we may use or disclose your PHI if you do not object, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency. We may also use and disclose PHI to notify such persons of your location, general condition or death. In the event of a disaster, we also may disclose information to a relief organization so that they may coordinate these notification efforts. If you are unavailable or unable to agree or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought to this office and are unable to communicate normally with your doctor for some reason, we may find it is in your best interest to allow the person who brought you to act on your behalf by giving them your prescription, x-rays, medical supplies or other things containing PHI.

5. Communications From Our Office: We may use and disclose PHI when we call to remind you of appointments, or to provide you with information about authorization, referrals, case management or physician's orders; to recommend other products, treatments, services or educational materials related to your condition which may be of interest to you; or to request information from you. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

6. Sign-in Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. This sign-in sheet labeled with the name of the physician or practice with which you have an appointment, will request your name, appt. time and time of arrival. We may also call out your name in the waiting room in order to summon you to the front desk or back to the exam, treatment or consultation area.

7. Public Health Authorities: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We may use and disclose PHI to public health officials or other government authorities to carry out the following public health activities as permitted or required by Federal and California Law:

- To prevent or control disease, injury or disability;
- To report disease, injury, birth or death;
- To report a communicable disease or to notify a person who may have been exposed to one;
- To report conditions characterized by lapses of consciousness or which could impair your ability to operate a motor vehicle.
- To report reactions to medications or problems with the safety or effectiveness of products or devices regulated by the federal Food and Drug Administration; To locate and notify persons of product recalls;
- To determine the need for conservatorship or guardianship if the patient is unable to give consent.
- To report child, elder or dependent adult abuse or neglect, or domestic violence. When reporting suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we believe the notification would not be in your best interests or would place you at risk of serious harm.

8. Required by Federal and California Law, Judicial Proceedings and Law Enforcement: We may disclose PHI about you to comply with the law or to law enforcement officials if the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain their agreement due to incapacity or emergency;
- To identify or locate a suspect, fugitive, material witness or missing person;
- To report injury or death resulting from a crime or suspected crime;
- In response to a court order, warrant, subpoena, discovery request, summons or other lawful process;
- To avert a serious threat to the health or safety of a person or to the public.

9. Coroners, Medical Examiners and Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, locate next of kin or when investigating criminal or suspicious deaths or when otherwise authorized by a decedent's representative. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

10. Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations which procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.

11. Research: In order to use and disclose PHI about you for research purposes we must obtain a written authorization from you except in limited circumstances where the research project meets specific criteria and your written authorization is not required as approved by an Institutional Review Board or Privacy Board in compliance with the HIPAA Privacy Rule and other governing laws.

12. Workers' Compensation: We may disclose PHI as necessary to comply with California state workers' compensation laws. For example, we may report to your employer and workers' compensation insurer information related primarily to workplace injuries or illness, or workplace medical surveillance.

13. Specialized Government Functions: Under certain circumstances we may disclose PHI;

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security, intelligence and secret service activities;
- For the health or safety of inmates and others at correctional institutions or in other law enforcement custodial situations.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization in writing at any time, except to the extent we have taken action based on the authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

1. Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we use and disclose to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in case of an emergency. If we do not agree to your request, we will notify you of our decision. Your request should be in writing to our Privacy Official and should include (1) what information you want to restrict; (2) how you want to restrict the information and (3) to whom you want those restrictions to apply.

2. Right to Receive Confidential Communications: You have the right to request that you receive confidential communications regarding PHI. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. We will accommodate all *reasonable* requests that are made in writing and which specify how or where you wish to receive these alternative communications.

3. Right to Inspect and Copy: The medical record is the property of the medical practice, but the information in the medical record belongs to you. You have the right to request the opportunity to inspect and receive a copy of PHI about you in your medical and billing records but not psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy your records please contact our Privacy Official. Access will be provided within 5 business days and copies within 15 days. One copy of your PHI is free. A reasonable fee will be charged to cover the costs of supplies, labor and postage required to provide additional copies or a summary of the information to you. If this medical practice is sold or merged with another organization your health record will become the property of the new owner, although you will maintain the right to request that copies of your records be transferred to another physician or medical group.

4. Right to Amend: You have the right to request that we amend or add to your PHI a statement of up to 250 words concerning any item you believe is incorrect or incomplete. You must make this request in writing to our Privacy Official and include the reason for the request. We may deny your request in certain cases, such as, if your request is not in writing, if you do not give us the reason for the request, or if it is accurate and complete as is. We will respond to your request or inform you if your request is denied within 60 days, or request one 30-day extension including the date that we expect to act on your request.

5. Right to Receive an Accounting of Disclosures: You have the right to receive an “accounting” of disclosures of your PHI, within 60 days, which have been made by us during a specific period of up to six years *other than* disclosures made: for treatment, payment and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization by you or your personal representative; or for certain public health notification, national security, intelligence, and law enforcement purposes permitted under the HIPAA Privacy Rule and CA Law; and disclosures made before April 14, 2003. We may request one 30-day extension including the reason for the delay and the date that we expect to act on your request. To make such a request, contact our Privacy Official. The first list that you request in a 12-month period will be free, but we will charge a reasonable fee to cover our costs to provide additional lists in the same 12-month period. We will inform you of this fee and you may choose to cancel your request at any time before costs are incurred.

6. Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically. To obtain a paper copy, please ask any of our employees.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If this Notice is changed, we will post a copy in the waiting room and a copy of the revised Notice will be provided to you on request, on or after the effective date of the revision.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Official:

Tamra Anderson, 24355 Lyons Avenue, # 240, Santa Clarita, CA 91321, 661.259.2110 or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C. 20201