

Notice of Privacy Practices

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

My Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). As part of my normal business operations, I encounter your PHI as a result of your treatment, my payment and other related health care operations. I also receive your PHI via the healthcare providers and health plans, and by a variety of other activities. Accordingly, I am required to extend certain protections to you and your PHI, and to give you this Notice about my privacy practices that explain how, when and why I may use and/or disclose your PHI. Except in specified circumstances, I am required to use and/or disclose only that minimum amount of your PHI necessary to accomplish the purpose of my use and/or disclosure.

I am required to follow the privacy practices described in this Notice, although I reserve the right to change my privacy practices and the terms of this Notice at any time. In the event that I change my privacy practices, I will advise you of those changes. I will also provide more detailed information at your request regarding the topics addressed in this Notice.

How I May Use and Disclose Your Protected Health Information.

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its HIPAA Privacy Rule (Rule), I may use and/or disclose your PHI for a variety of reasons. Generally, I am permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, and for my normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization. However, the Rule provides that I am permitted to make certain other specified uses and/or disclosures of your PHI without your Authorization. The following information offers more descriptive examples of my potential use and/or disclosure of your PHI:

- A. Uses and/or disclosures related to your treatment, the payment for services you receive, or our health care operations (TPO):
 - 1. For payment (P): I may use and/or disclose your PHI for billing and collection activities and related data processing; for actions by a health plan or an insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and the provision of benefits under its health plan insurance agreement; to make determinations of eligibility or coverage, adjudication or the subrogation of health benefit claims; for medical necessity and appropriateness of care reviews, utilization review activities; and related payment activities so that individuals involved in delivering health services to you may be properly compensated for the services they have provided.
 - 2. Appointment reminders: Unless you request that I contact you by other means, the Rule permits me to contact you regarding appointment reminders or changes.

- B. Uses and/or disclosures requiring your Authorization: Generally, my use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. The Rule does not

grant me permission for certain specified uses and/or disclosures of your PHI that fall outside of the treatment, payment and health care operations definitions as itemized above.. For all other uses and/or disclosures of your PHI by any other person or entity, you retain the power to grant your permission via your signed Authorization. Additionally, if you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that I have already undertaken an action in reliance upon your Authorization.

- C. Use and/or disclosures not requiring your Authorization: The Rule provides that I may use and/or disclose your PHI without your Authorization in the following circumstances:
1. When required by law: I may use and/or disclose your PHI when existing law requires that I report information including each of the following areas:
 2. Reporting abuse, neglect or domestic violence: I may use and/or disclose the PHI of suspected victims of abuse, neglect, or domestic violence including reporting the information to social service or protective services agencies.
 3. Public health activities: I may use and/or disclose your PHI to prevent or control the spread of disease or other injury, reporting adverse events to the Food and Drug Administration.
 5. Judicial and administrative proceedings: I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process..
 6. Relating to decedents: I may use and/or disclose the PHI of an individual's death to coroners, medical examiners and funeral directors.
 7. To avert a serious threat to health or safety: I may use and/or disclose your PHI in order to avert a serious threat to health or safety.
 10. I may disclose your PHI for national security reasons
- D. Uses and/or disclosures requiring you to have an opportunity to object: I may disclose your PHI in the following circumstances if I inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given an opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosures is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.
1. To families, friends or others involved in your care: I may share your PHI with those people directly involved in your care, or payment for your care. I may also share your PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information (PHI).

The HIPAA Privacy Rule grants you each of the following individual rights:

- A. The right to view and obtain copies of your PHI. In general, you have the right to view your PHI that is in my possession or to obtain copies of it. You must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can obtain it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost.
- B. The right to request limits on uses and disclosures of your PHI. You have the right to ask that I limit how I use and disclose you PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

- C. The right to choose how I send your PHI to you. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g., email. I am obliged to agree to your request providing that I can give you the PHI in the format you requested, without undue inconvenience.
- D. The right to get a list of the disclosures I have made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations, sent directly to you or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I provide to you will include disclosures made in the previous six years (the first six-year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- E. The right to amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request in writing if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.
- F. The right to get this notice by email. You have the right to get this notice by email. You have the right to request a paper copy of it as well.

How To Complain about our Privacy Practices.

If you believe that I may have violated your individual privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to Carol D. Jones, 1601 Avocado Suite 100, Newport Beach, CA. 92660. Your written complaint must name the person or entity that is the subject of your complaint and describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in my Notice of Privacy Practices. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

Effective Date: This Notice is effective October 2009.

I have read and understand the above document.

Signature

Date