



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.

YOUR PRIVACY IS IMPORTANT TO US. We are required by law to maintain the privacy of protected health information and to provide you with this notice that describes how we may use and disclose your medical information. This notice also describes your rights and our legal obligations with respect to your medical information. You may request a copy of our Privacy Notice at any time by contacting our office at (310) 939-9800. Be assured except as described in this Notice of Privacy Practices, the practice will not use or disclose protected health information without your written consent.

Typical manners in which this practice may use and disclose your protected health information:

The examples provided in the following sections are meant to be demonstrative, and is not an exhaustive list of ways that information may fall into each of the categories.

Treatment: We may use your health information to provide your medical care. We disclose medical information to our employees and others who may be involved in your care. We may disclose your health information to another physician who may be treating you, or who will provide services which we do not provide. For example, we may disclose your medical information with a pharmacist, or a specialist that we are referring you to help manage your treatment.

Payment: We use and disclose your protected health information to obtain payment for the health services we provide to you. This disclosure may involve insurance organizations or other businesses involved in the process of billing statement processing and collection. For example, we may disclose your identity, diagnosis, and treatment to a third party payer or billing company.

Health Care Operations: We may use and disclose your protected medical information to optimize the operations of this medical practice. For example, we may use and disclose this information to improve the quality of care we provide, or to evaluate the performance of our staff while providing your care. We may also share your information with third party business associates who perform billing, consulting, or legal service and audits.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to voicemail messages, emails, letters, texts, or postcards.

Family or Others Involved in Your Care: We may disclose your protected health information to a family member, or anyone identified by you as responsible for your care or payment for care. In emergency situations only, we will use our professional judgment to disclose information relevant to your care.

Research: We may use and disclose your protected health information to researchers provided that the research has been approved by an institutional review board and protocols have been established to ensure the privacy of your health information.

Required by law: We will use and disclose your protected health information as required by federal, state, or local law. For example, your health information may be used to report abuse, neglect, or domestic violence, to respond to judicial proceedings, or to law officials if requested. We will use and disclose your information when requested by national security, intelligence, and other State and Federal officials, and/or if you are an inmate or otherwise under the custody of law enforcement.

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Public Health Responsibilities: We will disclose your health information to report products issues, medication reactions, product recalls, disease/infection exposure, and to prevent and control disease, injury, and/or disability.

Worker's Compensation: We may use and disclose your protected health information for worker's compensation or similar programs that provide benefits to work-related injuries or illness.

Your Health Information Rights: Although your medical record is the property of this medical practice, the information in the medical chart belongs to you. Thus, you have a right to:

Inspect and Copy: You have the right to inspect and copy your health information by submitting a written request detailing what information you want access for as long as we maintain that information. This includes both your medical and billing records. We may deny your request to any psychotherapy notes by law. We may charge a reasonable fee for the costs of copying, mailing, and processing of your request. We have 30 days to respond to your written request.

Request to Amend: You have a right to request that we amend your health information that you believe is incorrect or incomplete. Your request to amend must be made in writing to our practice manager, and must include the reasons you believe the information is inaccurate or incomplete. We may deny your request if:

- The information was not created by us or if the person or entity that created the information is no longer available to make the amendment.
- The information is not part of the medical record kept by the practice or is a part you are not permitted to inspect or copy.
- If the information is believed to be accurate and complete by the opinion of your healthcare provider.

Request for Special Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information by a written request to our practice manager detailing what information you want to limit and what limitations you wish to have imposed. We do reserve the right to accept or reject your request in the best interest of your care, and will notify you of our decision. We also reserve the right to not comply your request if the information is needed for an emergency.

Request for Confidential Communications: You have the right to request that you receive your health information in a certain way. For example, you can request we only contact you at your home number, or through a certain email address. We will comply with all reasonable requests made in writing.

Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this medical practice that were not for the treatment, payment, health care operations, and specialized government functions. You may request information for a period within 6 years. We may charge reasonable processing fees to comply with the request as permitted by law.

Changes to this Notice of Privacy Practices: We reserve the right to amend this Notice of Privacy Practices at any time. When an amendment is made, the revised Notice will apply to all protected health information, regardless of when it was created or received. You can always request a copy or obtain the current notice on our website.

Complaints: If you believe we have violated your health information privacy rights, you may file a written complaint to our practice manager or directly to the Department of Health and Human Services. All complaints will be addressed and you should be reassured there will be no retaliation for a complaint.

Disclosures Not Covered: Uses or disclosures of your health information not covered by this notice or by law may only be made with your written consent. You may revoke any authorization in writing. Disclosures made on prior authorization prior to written revocation will not be affected.

Effective Date: January 1, 2013