

JOSE M. MEDRANO M.D.

NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2011

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. OUR COMMITMENT TO YOUR POLICY

Our practice is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provided to you. We are required by law to maintain the confidentiality of medical information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your medical information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your medical information
- Your privacy rights
- Our obligations concerning the use and disclosure of your medical information

The terms of this notice apply to all records containing your medical information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The Privacy Officer at (818) 566-1490

C. WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION IN THE FOLLOWING WAYS:

1. Treatment. Our practice may use your medical information to treat you. We may use and disclose your information to provide, coordinate, or manage your health care and any related service. We may disclose medical information about your doctors, nurses, technicians, or other personnel who are involved in taking care of you. For example, a doctor treating you for a heart condition may need to know if you have diabetes because diabetes may affect your heart condition. Different units for Dr. Medrano's office also may share medical information about you in order to coordinate the different things you need, such as lab work and x-rays. We also may disclose medical information about you to people outside Dr. Medrano's office, such as family members and friends that are involved in your medical care.

2. Payment. Our practice may use and disclose your medical information in order to bill and collect payment for the services and items you may have received from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also we may use your medical information to bill you directly for services and items. We may disclose your medical information to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your medical information to operate our business. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for your health. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may disclose your medical information to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practices may use and disclose your medical information to contact and remind you of an appointment.

D. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

1. **Public Health Risks.** Our practices may disclose our medical information to public health authorities that are authorized by law to collect information for the purpose to:
 - Maintain vital records, such as births and deaths;
 - Report the abuse or neglect of children, elders and dependent adults;
 - Report reactions to medications or problems with products
 - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
2. **Health Oversight Activities.** Our practice may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example; audits, investigations, inspections, surveys and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
3. **Lawsuits and Disputes.** Our practice may use and disclose your medical information in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include a written notice to you) or to obtain an order protecting the information requested.
4. **Law Enforcement.** Our practice may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the persons agreement;
 - About death we believe may be the result of criminal conduct'
 - About criminal conduct at Dr. Medrano's office; and
 - In emergency circumstances to report a crime; the location or the crime of victim; or the identity, description or location of the person who committed the crime.
5. **Research.** We may disclose medical information about you 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 medical information.
6. **As Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

7. **Threats to Health or Safety.** We use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.
8. **Deceased Patients.** Our practice may release your medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their job.
9. **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
10. **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
11. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
12. **National Security.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

E. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

1. **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical records and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to: The Privacy Officer, Dr. Jose Medrano 2211 W Magnolia Blvd., Suite 250, Burbank, CA 91506. If you request copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Our practice may deny your request to inspect and copy in certain very limited circumstances. However, you may request that the denial be reviewed. Another licensed health care professional chosen by Dr. Medrano's office will review your request and the denial.

2. **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Dr. Medrano.

To request an amendment, your request must be made in writing and submitted to: The Privacy Officer, Dr. Jose Medrano, 2211 W Magnolia Blvd., Suite 250, Burbank, CA 91506. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless that person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Dr. Medrano;
- Is not part of the information which would be permitted to inspect and copy; or
- Is accurate and complete.

- 3. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to: The Privacy Officer, Dr. Jose Medrano, 2211 W. Magnolia Blvd., Suite 250, Burbank, CA 91506. Your request must state a time period, which may not be longer than six years and may not include dates before July 5, 2010. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to: The Privacy Officer, Dr Jose Medrano, 2211 W. Magnolia Blvd., Suite 250, Burbank, CA 91506. In your request, you must tell us (1) what information you wish restricted; (2) whether you want to limit our practice's use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

- 5. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to: The Privacy Officer, Dr Jose Medrano, 2211 W. Magnolia Blvd., Suite 250, Burbank, CA 91506. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- 6. 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 authorizations you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use and disclose your medical information for the reasons described in the authorization.

- 7. Right to Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

- 8. 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 Department of Health and Human Services. To file a complaint with our practice, submit your complaint in writing to: The Privacy Officer, Dr. Jose Medrano, 2211 W. Magnolia Blvd., Suite 250, Burbank, CA 91506. **You will not be penalized for filing a complaint.**