



NOTICE OF PRIVACY PRACTICES

This notice describes how we may use and disclose your protected health information, and it also describes your rights to access and control this information. "Protected health information" is information that may identify you and that relates to your past, present and future health condition and related healthcare services. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices.

We may use or disclose your health information to provide, coordinate or manage your health care and treatment. For example, we may provide your health information to another physician whom we may involve in your care.

We may disclose your health information, in an emergency, to a family member or another person responsible for your care.

We may use or disclose your health information to obtain payment for your health services. For example, we may send a report of your treatment or progress to your insurance company.

We may use or disclose your health information in the course of our normal healthcare operations. For example: one of our staff will enter your treatment information into our computer system; we may call to remind you about an appointment and, if you are unavailable, may leave information on your answering machine or with the person who answers the telephone; we may share your medical information with a business associate, such as a billing service, with whom we have a contract requiring protection of your privacy.

We may use or disclose your health information without your authorization when required by law.

Uses or disclosures of your health information other than those described above will be made only by your consent, authorization or opportunity to object.

You have the right to inspect and receive a copy of your health information. If we deny your request, you have the right to file a statement of disagreement, which we will include in your file; we may prepare a rebuttal to your statement and provide you with a copy of your health information to another practice. We require a written notification of the records you request and may charge a reasonable fee for the copies.

You have the right to request in writing an amendment to your health information. If we deny your request, you have the right to file a statement of disagreement, which we will include in your file; we may prepare a rebuttal to your statement and provide you with a copy. If we accept your request, we will not alter earlier documents, but will add your new information.

You have the right to receive communication about your health information in the manner you prefer. We will use your preferred communication method, number or system in order to contact you.

You have the right to know of any uses or disclosures we make with your health information beyond the normal uses mentioned above. You also have the right to receive a report of persons to whom we disclose your information.

You have the right to disclose in writing that we not use or disclose some or all of your health information as described above. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction if your physician believes it is not in your best interest.

You have the right to receive a copy of this notice.

You have the right to revoke this authorization in writing, with the exception of actions already taken in reliance of this authorization.

We have the right to refuse to treat you should you choose to refuse to disclose your health information.

We reserve the right to change the terms of this notice. We will notify you of these changes in writing.

We will notify you if our privacy and security measures or systems are breached in any way.

You have the right to file a complaint with us or with the Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

You may contact our HIPAA Compliance Officer at (626) 281-3701 for more information about this notice, to make a request, to file a complaint or for assistance regarding the privacy of your health information.

Acknowledgment

I have received a copy of the Notice of Privacy Practices

DATE _____

SIGNATURE

PRINT NAME