

HIPAA Notice of Privacy Practices

Sierra Pacific Pediatric Associates
16465 Sierra Lakes Parkway Suite 250 Fontana Ca 92336

THIS NOTICE OF PRIVACY PRACTICES (“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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

Privacy Officer: Mayra Gonzalez

Mailing Address: 16465 Sierra Lakes Parkway Suite 250 Fontana Ca 92336

Telephone: (909) 829-7337

Fax: 909-829-1218

Email: frontdesk@sierrapacificpeds.com

WHO WILL FOLLOW THIS NOTICE:

- Sierra Pacific Pediatric Associates Corp.

ABOUT THIS NOTICE:

We are required by law to maintain the privacy of your Health Information and to give you this Notice to explain our privacy practices with regard to Health Information. “Health Information” includes information that individually identifies you and that we create or receive from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present or future physical or mental health or conditions; (2) the provision of health care to you; or (3) the past, present or future payment for your health care. You have certain rights – and we have certain legal obligations – regarding the privacy of your Health Information, and this Notice also explains your rights and obligations. We are required to abide by the terms of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose your Health Information. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. We may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor’s office, lab, pharmacy or other

health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals.

Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations. We may use and disclose Health Information for health care operations purposes. Such uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, whether new treatments are effective and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the phone. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Sign-in Sheet. We may use and disclose Health Information about you by having you sign in when you arrive at our office. We may also call your name when we are ready to see you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family members or a close friend. We also may notify your family members about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law, but we will limit our use or disclosure to the relevant requirements of the law.

To Avert a Serious Threat to Health or Safety. We may, and are sometimes required by law, to use and disclose Health Information when necessary to prevent a serious

threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your Health Information and are not allowed to use or disclose any Health Information other than as specified in our contract and in accordance with all applicable laws.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release your Health Information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

Public Health Risks. We may, and are sometimes required by law to, disclose Health Information to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; notifying people of recalls of products they may be using; reporting disease or infection exposure; and reporting births and deaths. When we report suspected elder or dependent adult abuse or neglect abuse or domestic violence, we will inform you or your personal representative unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the harm.

Health Oversight Activities. We may, and are sometimes required by law to, disclose Health Information to a health oversight agency for activities authorized by law, subject to the limitations imposed by federal and California law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may, and are sometimes required by law to, use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your Health Information.

Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your Health Information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement. We may, and are sometimes required by law to, disclose Health Information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and for other law enforcement purposes.

Coroners, Medical Examiners and Funeral Directors. We may, and are sometimes required by law to, disclose Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Further Disclosure of Health Information. Although federal law does not protect Health Information which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse, or business associates of such entities, California law prohibits all recipients of healthcare information from further disclosing it except as specifically required or permitted by law.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT-OUT:

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Health Information to disaster relief organizations that seek your Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever if practical to do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your Health Information will be made only with your written authorization:

1. Uses and disclosures of Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Health Information.

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Health Information under the authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR HEALTH INFORMATION RIGHTS:

Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your Health Information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose Health Information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Request Confidential Communications. You have the right to request that you receive your Health Information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing that specify how or where you wish to receive these communications.

Right to Inspect and Copy. You have the right to inspect and copy your Health Information, with limited exceptions. To access your Health Information, you must submit a written request detailing what information you want access to, whether you want to inspect it or receive a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable. If we can't agree and we maintain the record in an electronic format, we will give you your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

Right to Amend or Supplement. You have a right to request that we amend any portion of your Health Information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your Health Information, and will provide you with information about our denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to an Accounting of Disclosures. You have a right to receive an accounting of our disclosures of your Health Information, except that we do not have to account for the disclosures provided to you or pursuant to your written authorization, or as described above in the sections entitled "Treatment," "Payment," "Health Care Operations," "Individuals Involved in Your Care or Payment for Your Care" and "National Security and Intelligence Activities" or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or disclosures to a health oversight agency or law enforcement official to the extent we have received notice from that agency or official that providing an accounting would be reasonably likely to impede their activities.

You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice, even if you have previously requested its receipt by email.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our Privacy Officer listed at the top of this Notice.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

We reserve the right to amend our privacy practices and the terms of this Notice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice will apply to all Health Information we maintain, regardless of when it was created or received. We will keep a copy of the current Notice posted in our reception area, and a copy will be available at each appointment. We will also post the current Notice on our website.

COMPLAINTS:

Complaints about this Notice or how we handle your Health Information should be directed to our Privacy Officer listed at the top of this Notice. If you are not satisfied with the manner in which we handle a complaint, you may submit a formal complaint to:

Region IX
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Telephone: (415) 437-8310; (415) 437-8311 (TDD)
Fax: (415) 437-8329
Email: OCRMail@hhs.gov

The complaint form may be found at:

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf.

You will not be penalized in any way for filing a complaint.