

Associates in Family Medicine  
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Phone (858) 565-6394 Fax (858) 565-6471

## Notice of Privacy Practices for Protected Health Information

### Your Information. Your Rights. Our Responsibility

**Please review carefully:** This notice, available on paper and on our website, describes how medical information about you may be used and disclosed and how you can obtain access to this information.

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### Your Rights

**When it comes to your health information, you have certain rights:** This section explains your rights and our responsibilities.

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#### **View your medical record and/or get an electronic or paper copy of your medical record**

- You may request to inspect and obtain a copy of your health record and billing record. You may request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We will charge a reasonable, cost-based fee, in accordance with state guidelines.

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#### **Ask us to correct your medical record**

- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the health information kept by or for the office. Is not part of the information that you would be permitted to inspect and copy; or
  - Is accurate and complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

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#### **Request confidential communications**

- You can ask us, in writing, to contact you in a specific way (for example, home or office phone) or to send mail to a different address.  
We will abide by all reasonable requests.
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**Ask us to limit what we use or share**

- You may request a restriction on certain uses and disclosures of your health information by delivering the request to our office – the request will be reviewed, but we are not required to grant it.
- You may request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment.
- If you pay for a service or health care item out-of-pocket and in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will abide by this request, unless we become legally required to share that information.

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**Get a list of those with whom we've shared information**

- You can obtain a list (accounting) of disclosures of your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

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**Get a copy of this privacy notice**

- This Privacy Notice is available to you electronically at our website.  
You may ask for a paper copy of this notice at any time and one will be provided.

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**Choose someone to act for you**

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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**File a complaint if you feel your rights have been violated**

- You may file a complaint if you feel we have violated your rights by contacting our Compliance Officer.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Compliance Officer at 703-391-2031.
- Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our Compliance Officer at Fairfax Family Practice Centers, 12011 Lee Jackson Memorial Highway, Suite 504, Fairfax, VA 22033. You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address is: U.S. Department of Health & Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.
- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

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## Your Choices

**For certain health information, you can tell us your choices about what we share:** If you have a clear preference for how we share your information in the situations described below, let us know.

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**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information, if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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**In these cases we *never* share your information, unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

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**In the case of fundraising:**

- We may contact you for fundraising efforts, but you may ask us not to contact you again.
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## Our Uses and Disclosures

**How we typically use or share your health information:** We typically use or share your health information in the following ways:

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**To treat you**

- We can use your health information and share it with other professionals who are treating you.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

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**To run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- We will share information about you with insurers or other business associates, as necessary, to obtain quality assessment and improvement, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance.

***Example:** We use health information about you to manage your treatment and services.*

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**To bill for your services**

- We can use and share your health information to obtain payment from health plans or other entities.

***Example:** We give information about you to your health insurance plan to charge for our services.*

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**Other ways we use or share your health information:** We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

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**Do research**

- We may disclose information 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 protected health information.

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**Comply with the law**

- We may disclose your protected health information for law enforcement purposes as required by law.
- We may disclose your protected health information for specialized government functions as authorized by law, such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We may release health information to a coroner, medical examiner, or funeral director. This may be necessary to identify a deceased individual or to determine the cause of death.

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**Address workers' compensation, law enforcement, and other government requests**

- We may release health information about you at the request of your employer, if services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury.

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and practices described in this paper/web notice and provide a copy when requested.
- We will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

*For more information:* [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

<http://sandiegofamilymedicine.com/>