

Notice of Privacy Practices

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.

WHO DOES THIS NOTICE APPLY TO?

We provide healthcare to patients and families in partnership with other professionals and organizations. The privacy practices in this notice will be followed by:

SMITA TANDON MD and individuals authorized to enter into your medical record.

- All departments and units.
- Any members of our volunteer groups.
- Any business associate with which we share health information.

OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand your medical information is personal, and we are committed to protecting the privacy of your medical information. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to restriction that you have requested.
- Accommodate reasonable requests by you to communicate your health information by alternative means or at alternative locations.

HOW WE MAY USE DISCLOSED MEDICAL INFORMATION ABOUT YOU

We may use and disclosed medical information about you for your **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and to support our healthcare operations (such as comparing patient data to improve treatment methods).

Education/Training: On occasion, we participate in the education and training of health care professionals. We may use and disclose your medical information to current and prospective students, residents and/or observers as part of the training and educational process.

Example: Your physician may allow a student or observer to monitor your treatment as a part of a learning experience.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS (TPO)

- *We will use your health information for treatment.* For example: Information received by a nurse, physician or other member of your healthcare team will be written in your medical record and used to determine your course treatment. We will also provide your physician or a subsequent healthcare provider with copies of report to assist in treating you.

- *We will use your health information for payment.* For example: A bill may be sent to you by the hospital or your physician, the insurance company or Medicare. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedure(s) and supplies used in your treatment.
- *We will use your health information for regular healthcare operations.* For example: Members of the medical staff, and/or the risk or quality management staff of the hospital may use information in your medical record to assess the care and outcomes of your case. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

HOW THIS INFORMATION WILL BE USED

We may contact you for **appointment reminders**, or to tell you about recommend **possible treatment** options, alternative, health-related benefits or services.

We may contact you to solicit support for certain fundraising activities. **You will have an opportunity to refuse or opt-out of receiving this information upon the first contact by us.**

Unless you tell us otherwise, we will list your name, location, general condition, and religious affiliation in the **hospital directory**. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name, including the media. **If you do not want to be included in the directory, please notify the admission staff.**

We may release medical information about you to **a family member, friend, or any other person involved in your medical care**. We may also give information to those you identified as responsible for payment.

We may share your medical information – without your prior authorization– for the following purpose:

- **Research.** We may use and disclose medical information about you for research purpose. All research projects are subject to a special approval process through the appropriate hospital/medical staff committee.
- **Law.** We may disclose medical information when required by law, a request from law enforcement, or a valid judicial or administrative order.
- **Public health.** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law.
- **Business associates.** There are some services provided in our organization through contracts with business associates (i.e. we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the healthcare services we provide). To protect your health information, we require the business associate to appropriately safeguard your information.
- **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.
- **Funeral directors.** We may disclose health information to funeral directors consistent with applicable law for them to carry out their duties.
- **Organ donation.** We may disclose health information to organ procurement organizations or other entities for the purpose of tissue donation and transplant consistent with applicable law.

- Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events.
- Worker's Compensation. We may disclose health information necessary to comply with related laws, or other similar programs established by law.
- Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution, or its agents health information necessary for your health and the health and safety of other individuals.
- State requirements. The state has requirements for reporting, including population-based activities relating to improving healthcare costs.
- Organized Health Care Arrangements (OHCA). The hospital and its medical staff have organized and are jointly presenting this notice to you, Information will be shared as necessary to carry out treatment, payment and healthcare operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment this time.

OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing your medical information. If choose to authorize us to use or disclose your health information, you can later withdraw authorization by notifying us in writing, except information previously disclosed based on your initial authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- Request a restriction, in writing, on certain uses or disclosures of your medical information for treatment, payment or healthcare operations, with the exception of emergency situations. We will consider your request, but we are not legally required to agree to a requested restriction. We will inform you of our decision in writing.
- Inspect and obtain a copy of your medical information, in most cases, upon receipt of written authorization.
- Request in writing, an amendment to your medical record if you believe the information in your medical record is incorrect or important information is missing. We could deny your request to amend medical records if the information was not created by us, maintained by us, or if we determine the medical record is accurate. You may appeal our decision not to amend your medical record.
- Obtain an accounting of disclosures to stating who your health information was disclosed to for purposes other than treatment, payment, healthcare operations, or where you specifically authorized a use or disclosure in the past six (6) years, but not prior to April 14, 2003. The request must be in writing and state the time period desired for the accounting. After the first request, there will be a charge.
- Request in writing how and where you wish to have medical information communicated to you in a confidential way or at all alternate location.
- All written requests for appeals, or amendments should be submitted to our Privacy Official listed at the bottom of this notice.

Smita Tandon, MD

DR 2 KIDS

Where kids come first

Smita B. Tandon, MD, FAAP

Clinical Professor of Pediatrics, UCI

CHANGES TO THIS NOTICE

We have the right to change this notice at any time. We have the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register at the hospital or medical office.

COMPLAINT

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you may contact SMITA TANDON MD by calling 714 241 1777 or write to 11100 Warner Ave #368, Fountain Valley, CA 92708. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage you receive.

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Web Site: www.dr2kids.com

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