



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

We understand that medical information about you is very personal, and we are committed to protecting the privacy of that information. Beyond our own belief that it's the right thing to do for our patients, we are required by law to make certain pledges to you: We must guard what is called your "Protected Health Information" (PHI); We must provide you with a copy of this notice; We must accommodate your reasonable requests to communicate your health information by alternative means; and we must notify you in the event of any breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

We may use and disclose medical information about you for your **TREATMENT** (such as sending your medical information to a specialist as part of a referral); to obtain **PAYMENT** (such as sending billing information to your insurance company or Medicare); and to support our **HEALTH CARE OPERATIONS** (such as comparing patient data to improve treatment methods).

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS (TPO):

In regard to your **TREATMENT**, we will share your information among the various members of our own internal team. For example, information received by a nurse, physician or other member of our team will be recorded in your record and used to determine your course of treatment. We will also provide that information to other healthcare providers to whom you have been referred to ensure those individuals have the necessary information to diagnose or treat you.

In regard to **PAYMENT**, we can share your information with an insurance carrier. For example, the information on the bill we submit for payment may include information that identifies you, your diagnosis, the date of your injury or onset of your condition, and codes which describe the healthcare services provided.

In regard to **Health Care Operations**, we may use your health information to assess the care and outcomes in your case and other cases like it. This information may then be used in efforts to improve the quality and effectiveness of the healthcare services we provide.

OTHER WAYS WE MAY USE YOUR INFORMATION:

We may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you. With your permission, we may release medical information about you to a family member, friend, or any other person involved in your medical care as well as those you identify as responsible for payment of your care. In the event of an emergency, we can use your information to notify a family member or another person responsible for your care. We can also share information with a coroner, medical examiner or funeral director in the event of a death.

Subject to certain requirements, we may give out information about you without your prior authorization for the following purposes:

- **Public Health and Safety:** 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.
- **Health oversight:** We may disclose your health information for legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- **Organ Donation:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities for the purpose of tissue donation and transplant.
- **Food and Drug Administration (FDA):** We may disclose certain health information to the FDA relative to adverse events.
- **Workers' Compensation:** We may disclose health information necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Judicial and Administrative Proceedings:** We can disclose information about you in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

- **Specialized Government Agencies:** We may disclose your health information for military, national security, prisoner and government benefit purposes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Although your health record is our property, you have the right to:

- Request (in writing) restrictions on certain uses or disclosures of your medical information. Although we will try to honor any such request, please be advised that we are not legally required to do so, except as noted below.
- Request (in writing) a restriction on the disclosure of information to a health plan if the information relates solely to an item or service for which you have paid out of pocket in full. We are required to abide by such a request unless specifically required by law to make the disclosure. It is your responsibility to notify any other providers about this restriction.
- Obtain a paper copy of this notice upon request.
- Inspect or obtain a copy of your medical record and other health information we maintain about you. We may charge you a reasonable, cost-based fee for any copies we provide (paper or electronic).
- Request (in writing) an amendment to your records if you believe the information contained therein is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, is not maintained by us, or if we determine the record is accurate. If your request is denied, you may appeal the decision in writing.
- Obtain an accounting of disclosures in the past six (6) years stating who and where your health information has been disclosed for purposes other than treatment, payment, health care operations or specific disclosures you authorized. The request must be in writing and state the time period desired for the accounting. We may charge a reasonable fee after the first request.
- Request that your medical information be communicated to you in a confidential way or at an alternative location, provided you specify exactly how or where you wish to be contacted.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice at any time, and we have the right to make any such revisions effective for any medical information we already have as well as any we receive in the future. If we make a material change to this notice, we will post the revised version where you receive services as well as on our website. You may also request a copy.

QUESTIONS OR COMPLAINTS:

If you have any questions, would like additional information, or if you believe your privacy rights have been violated, you can contact our Privacy Officer by telephone at: 858-450-5900 or in writing at: Privacy Officer - La Jolla Village Family Medical Group – 4520 Executive Drive, Suite 105 – San Diego, CA 92121.

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 that you receive.

Effective Date: July 10, 2017

PATIENT ACKNOWLEDGEMENT:

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide La Jolla Village Family Medical Group with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in this Privacy Notice.

Patient’s Signature _____ Date _____

Printed Name _____