

# REGAL MEDICAL GROUP

NOTICE OF PRIVACY PRACTICES – Effective Date: April 14, 2003

*THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

**Your Health Information Rights** - Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information, however, we are not required to agree to your request for restrictions.
- Inspect and obtain a paper copy of your health records, except in limited circumstances upon written request. A fee will be charged to copy your record. If you are denied access to your health record for certain reasons, we will tell you why and what your rights are to challenge that denial.
- Amend your health record. Your request must be in writing and state a reason. If we deny your request, we will tell you why and what your rights are to challenge that denial. Even if we accept your request, we will not delete any information already in our records. You have the right to add an addendum (up to 250 words) to your health record.
- Obtain an accounting of disclosures of your health information for purpose other than treatment, payment or health care operations, disclosures to you or authorized by you, incidental disclosures and certain other excluded disclosures. Your request must be in writing.
- Request confidential communications of your health information by alternative means or at alternative locations
- Revoke authorization to use or disclose health information except to the extent that action has already been taken

**Our Responsibilities** - This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice currently in effect
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information confidentially by alternative means or at alternative locations. Contact (818) 654-3400 to make this request.
- not use or disclose your health information without your authorization, except as described in this notice

**Examples of Disclosure for Treatment, Payment and Health Care Operations –**

- ***We will use and disclose your health information for treatment.***

**For example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record. Your physician will document in your record his or her expectations. We may disclose your health information to ancillary or specialty care services that may be requested by your physician for treatment. Those providers will record their care in their records and copy your physician on their observations. In that way, you will be provided treatment and your physician will know how you are responding to treatment.

- ***We will use and disclose your health information for payment/encounter data.***

**For example:** A bill may be sent to you or a third party payer or HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used and your treatment for which payment is requested. We may also disclose your health information for one of your other health care providers to submit requests for payment.

- ***We will use and disclose your health information for our health care operations.***

**For example:** Members of the medical staff and the risk or quality improvement team of this practice may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

- ***We will use and disclose your health information for health care operations of others.***

**For example:** We may disclose your health information to other health care providers or payors for their health care operations only if they already have a relationship with you and the purpose is for quality assurance activities, peer review activities, detecting fraud, or other limited purposes.

**EXAMPLES:**

Involvement in your care: We may disclose information to individuals involved in your care or to individuals who pay or help pay for your care.

Abuse, neglect or domestic violence: We may disclose information for reporting abuse, neglect or domestic violence to a government authority, including a social service or protective services agency as authorized by law.

Health oversight activities: We may disclose health information to a health oversight agency for oversight activities authorized by law.

Judicial and administrative proceedings: We may disclose health information in the course of any judicial or administrative proceeding.

Serious threat to health or safety: We may disclose health information to prevent a serious threat to the health or safety of another.

Specialized government functions: We may disclose health information required by command authorities for military and Veterans.

National Security and intelligence activities: We may disclose health information for National Security and intelligence activities.

Genetic Testing Information: If we keep genetic testing information about you, we will release that information only to the state departments that monitor our work or if required by law to release that information. Otherwise, we will give out this information only if you give us your permission in writing.

Communicable Disease Information: If you have a communicable disease, such as HIV/AIDS, we will provide that information to your health care provider, to providers engaged in organ procurement, or if required by law. For all other purposes, we will give out this information only with your permission.

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 health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Patient Education: We may contact you to provide appointment reminder or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Workers Compensation/Third Party Liability: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or third-party payers or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post those changes at the medical facility and on the Website: \_\_\_\_\_.

**For More Information, Report a Problem, or exercise your rights** - You may contact: Regal Medical Group at 1-818-654-3400. There will be no retaliation for filing a complaint. You may also contact the Secretary of the Department of Health and Human Services, Office of Civil Rights, San Francisco Office, U.S. Department of Education, Old Federal Building, 50 United Nations, San Francisco, CA, 94102-4102.

I acknowledge that I have received this Notice of Privacy Practices

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date