



THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION 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, please contact the privacy officer.

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your health and provide you with this Notice of Privacy Practices.

We reserve the right to change our policies and procedures for protecting health information. Any new Notice of Privacy practices adopted will be posted in the patient registration area and made available at your next appointment.

USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

1. Treatment, Payment and Health Care Operations

- a. For Treatment.** We may use your health information to provide you with medical treatment or services. Including (a) activities performed by physicians and health care providers, providing care to you or coordinating or managing your care with third parties, (b) consultations with and between the physicians in this office or specialists in another offices, and (c) activities of other providers covering for this practice by telephone or serving as the on-call provider.
- b. For Payment.** To bill and collect payment from you, an insurance company or someone else for health care services you receive from this practice. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for it.
For example, we may need to give your health plan information about the reason for which you will be seen so your health plan will pay us or reimburse you for such visit.
- c. For Health Care Operations.** We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions of this practice. For example, to evaluate the performance of our staff in caring for you. We may also use health information about patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective. Or we may give health information to doctors, nurses, technicians or health profession students for review analysis and other teaching and learning purposes.

2. Special Circumstances. Treatment, payment and health care operations include uses and disclosures in the circumstances listed below.

a. Appointment Reminders. We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or services.

b. Treatment Alternatives and Health Related Products and Services. We may use and disclose your health information in order to allow someone to contact you about possible treatment options or alternatives, or health related products or services that may be of interest to you.

3. Uses and Disclosures You Can Limit

Unless you notify us that you object, we may provide your health information to individuals, such as family and friends who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your health information with these people and you don't stop us from doing so. Also if you are not able to approve or object to disclosures, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person's involvement in your care. For example, we may tell someone who comes with you with an emergency what the problem is and provide updates on your condition.

OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations.

1. Required By Law: As required by federal, state or local law.

2. Public Health Risks: For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

3. Health Oversight Activities: To a health oversight agency for audits, investigations, inspections, licensing purposes or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.

4. Lawsuits and Disputes: Law Enforcement: In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons, or similar process, if asked to do so by law enforcement.

5. Coroners, Medical Examiners and Funeral Directors: To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.

6. **Organ and Tissue Donation:** To organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.
7. **Research:** For research purposes under certain limited circumstances. Research projects are subject to a special approval process. Therefore, we will not use or disclose your health information for research purposes until the particular research project, for which your health information may be used or disclosed, has been approved through this special approval process.
8. **Serious Threat to Health or Safety; Disaster Relief:** To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.
9. **Military and Veterans:** As required by military command or other government authority for information about a member of the domestic or foreign armed forces.
10. **National Security; Intelligence Activities; Protective Service:** To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.
11. **Workers' Compensation:** To your employer via a workers' compensation or similar work-related injury program.
12. **Inmates:** To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) for the institution to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

WHEN WRITTEN AUTHORIZATION IS REQUIRED

Other than for those purposes identified above, we will not use or disclose your health information for any purpose unless you give us your specific written authorization to do so. If you give us authorization, you can withdraw this written authorization at any time. To remove your authorization deliver or fax a written revocation to Dr. Garcia or Dr. Caceres. If you revoke your Authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding your health information, which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing.

1. **Right to Inspect and Copy.** With some exceptions, you have the right to inspect and get a copy of your health information that may be used to make decision about your

care. We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed.

- 2. Right to Amend.** You have the right to amend your health information maintained by this practice, or used by this practice to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create, (unless the source of information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.
- 3. Right to Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your health information. The list does not include all disclosures for treatment, payment, and health care operations purposes described above, or disclosures made with your Authorization as described above.
- 4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, or (b) to someone who is involved in your care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. We are not required to agree to your request, and any time this practice agrees to a restriction, it must be in writing and signed by dr. Garcia, Dr. Caceres or their designee.
- 5. Right to Request Confidential Communications.** You have the right to request that certain way or at a certain place. For example, you can ask that we only contact you at work or by mail.
- 6. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact us. If you believe your privacy rights have been violated, you may file a complaint with Dr. Garcia or Dr. Caceres or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.