

**SAN DIMAS MEDICAL GROUP, INC.**  
**Notice of Privacy Practices**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS SAN DIMAS MEDICAL GROUP, INC.) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**If you have any questions about this notice please contact our privacy contacts at  
San Dimas Medical Group, Inc.  
Attn- Privacy Contacts  
300 Old River Rd Ste 200  
Bakersfield, CA. 93311  
661-663-4800**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Our practice is dedicated to maintaining the privacy of your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may revise or amend the terms of our notice, at any time. The new notice will be effective for all protected health information that we have at that time and for future information. We will post our current Notice in our office in a visible location at all times and upon your request, we will provide you with any revised Notice.

**DISCLOSURES**

**1. Uses and Disclosures to carry out treatment, payment or health care operations:**

Under HIPAA regulations, we do not need to obtain permission to use health information for treatment, payment and health care operations.

We may use and disclose your Protected Health Information (PHI) for the following reasons:

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, certain fundraising activities within our practice, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office.. We may also call you by name in the waiting room when your physician is ready to see you.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Appointment Reminders** We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**Treatment Options and Services** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we will get a written authorization from you for further marketing purposes.

## **2. Uses and disclosures that you can agree or object to**

We may use and disclose your protected health information in the following instances, which you have the opportunity to object to.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall allow you to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

## **3. Uses and disclosures that we will obtain your written authorization for**

**Psychotherapy Notes** we may only disclose your psychotherapy notes for limited purposes such as carrying out treatment. For other purposes we will obtain your written consent.

**Marketing** for most marketing purposes we will obtain your written consent; exceptions include if the product or service is directly treatment related, discussed face-to-face or given as a promotional gift of nominal value.

## **4. Uses and disclosures for which and authorization or opportunity to agree or object to is not required**

We may use or disclose your protected health information in the following situations:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be

limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Maintenance of Vital Records:** We may report data such as births and deaths.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health 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. Otherwise, we will ask for a written authorization from you.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent

threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**Disclosures required by California State law:**

**YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. This may not include psychotherapy notes.

You must submit your request in writing to Administration at the location noted on the first page of this Notice. The required form for this request can be obtained there also. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of that review.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by completing the required restriction request form.

**You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location.** For instance, you may ask that we contact you at

home, rather than work. In order to request a type of confidential communication, you must make a written request to San Dimas Medical Group, Inc by completing the required form.. specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**You may have the right to have your physician amend your protected health information.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. You must submit any request for an amendment to Administration at the location noted on the first page of this Notice, in writing. (A form for the request is available at that location.) Your written request must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: 1) was not created by us, 2) is not part of the medical information kept by or for San Dimas Medical Group, Inc., 3) is not part of the information which you are permitted to inspect or copy, or 4) is accurate and complete. If we deny you're your request for an amendment, you have the right to file a statement of disagreement with us.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Accounting is not required for disclosures we may have made to you, incidental disclosures, disclosures you have authorized, disclosures for a facility directory, disclosures to family members or friends involved in your care, or disclosures made to carry out treatment, payment or health care operations. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003 up to a six year timeframe. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit any request for an accounting of disclosures to Administration at the location noted on the first page of this Notice. A form for that request is available at that office. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**You have a right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices even if you have agreed to receive an electronic copy of the Notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Administration at the location noted on the first page of this notice.

**You have a right to file a complaint if you believe your privacy rights have been violated.** You may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Administration at the location noted on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

This notice was published and becomes effective on **April 14, 2003.**

