

# **HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT** **PRIVACY NOTICE.**

**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.**

*This privacy notice is effective as of \_\_\_\_\_ [date]*

## **PRIVACY LAW.**

At the practice of Richard Heidenfelder MD we are committed to protecting the privacy rights of our patients. You have a variety of rights under the federal law known as HIPAA, the Health Insurance Portability and Accountability Act of 1996, and the related Privacy Rule published by the U.S. Department of Health and Human Services. Those rights are described in this notice.

Under the HIPAA and the Privacy Rule, we have certain obligations:

- We are required by law to maintain the privacy of protected health information.
- We must provide you with this notice of our legal duties and privacy practices with respect to your protected health information.
- We are required to abide by the terms of the privacy notice currently in effect.

*We reserve the right, when we change a privacy practice, to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. If we do update our policy, we will provide you with a new notice by posting a notice on our website, and sending you an email or paper copy of the latest policy.*

## **WHAT IS PROTECTED HEALTH INFORMATION?**

Health information includes more than just information about medical procedures. The term includes all information that relates to:

- The past, present, or future physical or mental health or condition of an individual.
- The provision of health care to an individual.
- The past, present, or future payment for the provision of health care to an individual.

Health information that identifies an individual or which can probably be used to identify the individual is protected by law. This protected health information is known as PHI. When treating you, we need to use all available relevant medical information. However, in other circumstances, we will use the minimum PHI necessary for the transaction.

## **WHEN WE CAN USE HEALTH INFORMATION WITHOUT WRITTEN AUTHORIZATION OR REACTION FROM YOU.**

In the following circumstances, we are permitted to use or disclosure health information without obtaining written consent (called “authorization”), or without giving you a chance to object or agree to the use of disclosure. Remember, we are talking only about privacy of information; obviously you are given a chance to object to or consent to medical procedures.

**FOR TREATMENT.** Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. For instance, if we refer you to a specialist, we will provide your relevant files to that specialist.

**FOR PAYMENT.** Payment means both the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care; and by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan]. For instance, we will share necessary information with your insurance company to help obtain payment for your doctor visits.

**FOR HEALTH CARE OPERATIONS.** Health care operations include (1) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; (2) reviewing the competence or qualifications of health care professionals and plans evaluating practitioner and provider performance; or (3) certain underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. For instance, we may occasionally share your information with the managing doctor in this clinic when we are reviewing the work of our staff.

## **USES REQUIRING YOUR CONSENT.**

We may make certain other uses and disclosures of your health information that require your consent. We will only make these uses or disclosures with your written authorization. You may revoke this

authorization in writing at any time. However, the revocation does not affect actions taken before we receive it.

### **ADDITIONAL PRIVACY RIGHTS YOU CAN EXERCISE.**

You have a variety of rights under HIPAA and the Privacy Rule that you may choose to exercise. These consist of:

- The right to request restrictions on certain uses and disclosures of protected health information. You can ask us to restrict use or disclosure of PHI for health care operations, restrict disclosure to persons involved in the individual's health care, or payment for health care. You can ask us to limit disclosures made to notify family member or others about the person's condition or location. We are not obligated to agree to these restrictions. If we do agree, we must honor that agreement (except in certain emergency situations).
- The right to receive confidential communications of protected health information. For instance, you may wish to be contacted only at home and not at work, or vice versa. For instance, if you request us to contact you only at a specific address or telephone number, we will do so or we will make every effort to accommodate reasonable requests, and have an obligation to comply if you tell us that noncompliance may endanger you.
- You can inspect and copy the protected health information we have in our files. A statutorily set fee for copies may be charged for copies made by our office.
- You can request amendment of any inaccurate protected health information.
- On request, you can receive an accounting of the disclosures of protected health information that we have made.
- Even if you have agreed to receive privacy notices electronically, you can have, on request, a paper copy of any notice.

### **PRIVACY COMPLAINTS.**

If you have a complaint about privacy matters, please let us know. You can make a complaint by writing or emailing our Privacy Officer, or filing in a form on our website. We will not retaliate against you in any way for making a privacy complaint.

You may also contact the Office for Civil Rights of the federal Department of Health and Human Services. You will find information about the HIPAA complaint procedure on their website (<http://www.hhs.gov/ocr/privacyhowtofile.htm>). You can call toll-free for assistance at: 1-800-368-1019.

**CONTACT INFORMATION:**

If you have any questions, or need further information, or wish to make a privacy complaint, please contact Kalyn Rodriguez [our Privacy Officer] as follows:

Fax Number: 619-435-4088

Email: drh.office447@gmail.com

Mail: 826 Orange Ave, #605, Coronado CA 92118

In Person: at the office during your scheduled appointment

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY POLICY:**

I, \_\_\_\_\_ [name] have received a copy of the Privacy Policy of Richard Heidenfelder MD.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_