

**Terry Dubrow M.D., F.A.C.S.  
and Affiliated Associates**

**HIPAA NOTICE OF PRIVACY PRACTICES**

This notice describes how your personal medical information may be used as well as disclosed and how you can receive access to this information. Please review the following carefully.

This notice of Privacy Practices describes how we may use as well as disclose your Protected Health Information (PHI) to carry out Treatment, Payment and Health Care Operations (TPO) and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographics, that may identify you and that relates to your past, present or future physical and/or mental health condition as well as related health services.

**Uses and Disclosures of Protected Health Information:** Your PHI may be used and disclosed by our physician, office staff and others outside of the office that are involved in your personal care/treatment for the purpose of providing quality health care services to you, pay your health care bills, support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, and manage your health care as well as any related services. This includes the coordination/management of your health care with a third party. For example, we would disclose your PHI as necessary to a home health agency that provides care to you. Your PHI may be provided to any physician to whom you have been referred to in order to ensure that the physician has any and all necessary information to diagnose and treat you accordingly.

**Payment:** Your PHI will be used as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require your relevant PHI be disclosed to the provider to obtain approval for hospital admission.

**Healthcare Operations:** We may use/disclose your PHI as needed in order to support business activities of your physicians' practice. These activities include, but are not limited to: quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by your name in the waiting room when your physician is ready to see you. We may disclose your PHI, as necessary, to contact you in order to remind you of appointments.

We may use/disclose your PHI in the following situations without your authorization. These situations include: anything Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners: Funeral Directors, and Organ Donation: Research, Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: 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.

**Other Permitted and Required Uses and Disclosures will be made only with your Consent, Authorization or Opportunity to object unless required by law.**

You may revoke this authorization, at any time, in writing, except to the extent that you physician or the physicians' practice has taken an action in reliance on the use or disclosure indicated in this authorization.

Your rights: Following is a statement of your rights with respect to your PHI.

You have the right to request a restriction of your PHI: Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes: information compiled in reasonable anticipation of, or use in, a civil, criminal or administration actions or proceedings, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI: This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment and/or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions 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 PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

**You have the right to request to receive confidential communication from us by alternative means or at an alternative location:** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e. electronically).

**You have the right to have your physician amend your protected health information:** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information:** We reserve the right to change terms of this notice and will inform you by mail of any changes, you then have the right to object or withdraw as provided in this notice.

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by telephone at our main telephone number (949)515-4111.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Date

This Notice was published and becomes effective on/or before April 14, 2003