

**COMPASSIONATE HEALTH OPTIONS**  
**Notice of Privacy Practices for Protected Health Information**  
**Effective as of October 28, 2010**

**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.**

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, diagnoses, treatment, and future care or treatment. We always keep your information secure and confidential. Examples of how your health information may be shared are given below:

- During the course of your treatment, we may need to consult with another healthcare professional. We may share the information with a consultant to obtain his/her input.
- We may use your health information for our normal healthcare operations, such as when our staff enters your information into our computer.
- We may share information about you with business associates, such as legal counsel, as necessary to obtain these services.
- We may contact you as part of a patient education or public awareness effort about issues relevant to your care, such as sending e-mails and/or newsletters.
- We may also call to remind you of your appointment. We may leave this information on an answering machine or with the person who answers the phone.

**Your Health Information Rights**

**The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office – we are not required to grant the request, but we will comply with any request granted;
- Request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations and is not for purposes of carrying out treatment;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our office;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
  - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - b. Is not part of the health information kept by or for the office;
  - c. Is not part of the information that you would be permitted to inspect and copy; or,
  - d. Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; or, uses or disclosures to notify family or others responsible for your care of your location, or condition.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact Ezra Barth-Rodgers at 415-255-1200, in person or in writing at 1200 Howard Street, San Francisco, CA, 94103 during regular, business hours. He will inform you of the steps that need to be taken to exercise your rights.

## Our Responsibilities

### **The office is required to:**

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

## Other Disclosures and Uses

**Communication with Family:** We may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to your care in case of an emergency.

**Notification:** We may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your general condition.

**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 protected health information.

**Public Health:** As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

**Abuse & Neglect:** We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

**Law Enforcement:** We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

**Health Oversight:** Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

**Judicial/Administrative Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

**Serious Threat:** To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**For Specialized Governmental Functions:** We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

**Other Uses:** Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

## To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Ezra Barth-Rodgers at 415-255-1200.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Ezra Barth-Rodgers.

You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose address is 200 Independence Avenue SW, Room 509F, Washington DC 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

**Website: This Notice is also posted on our website, [www.green215.com](http://www.green215.com)**