



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), all medical records and other individually identifiable health information of which we have knowledge must be kept confidential.

This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request. For more information about our privacy practices, or for additional copies of this notice, please contact us.

We use and disclose health information about you for treatment, payment, and health care operations, as defined under the Act:

- Treatment means the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination or management of health care by a healthcare provider with a third party; consultation between healthcare providers relating to a patient; or the referral of a patient for health care from one healthcare provider to another. An example of this would be a dentist referral to an orthodontist.
- Payment means obtaining reimbursement for the provision of health care; determinations of eligibility or coverage; billing; claims management; collection activities; justification of charges; and disclosure to consumer reporting agencies; protected health information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.
- Health care operations are any activity related to covered functions in our offices, such as conducting quality assessment activities; protocol development; case management and care coordination; auditing functions; business management and general administrative activities, including implementation of this regulation; and customer service evaluations.

We may, without prior consent, use or disclose your personal health information to carry out treatment, payment or health care operations:

- In an emergency treatment situation, if we attempt to obtain such consent as soon as reasonably practical after the delivery of such treatment;
- As required by law;
- To report abuse, neglect or domestic violence;
- As authorized by state worker's compensation laws;
- To health oversight agencies;
- To a coroner, or medical examiner.

We may contact you to provide appointment reminders or to inform you about treatment alternatives or other health related benefits or services that may be of interest to you.

Under HIPAA, you have the following rights with respect to your protected health information:

- You have the right to request additional restrictions on certain uses and disclosures of protected health information, including restrictions placed upon disclosure to family members or any other person you may identify. We are, however, not required to agree with a requested additional restriction;
- You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing.
- You have the right to inspect and copy your protected health information;
- You have the right to request amending protected health information, however, this request may be denied under certain circumstances;
- You have the right to receive an accounting of disclosures of your protected health information made by us in the six years prior to the date of the accounting request; and you have the right to obtain a paper copy of this notice from us.

If you feel your privacy rights or the provisions of this notice of privacy policies have been violated, you have the right to file a formal written complaint. This complaint should be addressed either to the Privacy Officer at our office, or directly to the Department of Health & Human Services, Office of Civil Rights. We support your right to the privacy of your health information. You will not be penalized for filing a complaint.

Please contact us for more information:

Pam Horne, Privacy Officer  
559-432-2000  
7489 N. First St., Suite #101  
Fresno, CA 93720