

Notice of Health Information Privacy Practices

This notice describes how information about you may be used and disclosed, and how you may get access to this information. Please review it carefully.

At our office, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information information Practices describes the personal information we collect, and how and when we use or disclose the information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/14/03, and applies to all protected health information as defined by federal regulations.

Each time you visit our office, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- * Basis for planning your care and treatment
- * Means of communication among health professionals who contribute to your care
- * Legal document describing the care you received
- * Means by which you or a third-party payer receive information is required for billing
- * A source of information for public health officials, when/if they require access to our records
- * A tool which we can access and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used, helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and to make informed decisions when authorizing disclosure to others.

Although your health record is the physical property of our office, the information belongs to you. You have the right to:

- * Obtain a copy of this Notice of Information Practices upon request
- * Inspect and copy your health record, and we may charge you a reasonable fee for copies

- * Request an amendment to your medical record in writing. We may, or may not make a change in your medical record: However we

will include your statement in your file. Either way, we will not remove or alter earlier documents

- * Obtain an accounting of the disclosures of your health information

- * Requested communications of your health information by alternative means or at an alternative location

- * Request a restriction on certain uses and disclosures of your information in writing, and

- * Revoke your authorization to use or disclose health information except to the extent to the action has already been taken

We are required to:

- * Maintain the privacy of your health information

- * Advise you if our privacy with respect to information we collect and maintain about you

- * Abide by the terms of this notice

- * Notify you if we are unable to agree to a requested restriction, and

- * Accommodate reasonable requests you may have to communicate health information by alternative means or location

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health

information after we have received a written revocation of the authorization according to the procedures included in the authorization.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, Keith Wintermute at 3114 Telegraph Rd Suite A, Ventura, CA (805)648-6891, or, with the officer for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave., S.W. Room 509F, Washington , D.C. 2021. There will be no retaliation for filing a complaint.

The law provides use or disclosure of your health information for treatment, payment and operations. An example for treatment would be a review of your file by other physicians involved in your care. An example of payment would be to provide description of services performed for billing. An example of operations would be to allow our staff access to your records for authorization for services, or leaving a message regarding scheduling at the contact number you have provided to our office.

Public Health: As required by law, we may disclose your health information to the institution or agents thereof, health information necessary for your health and the health and safety of others.

Law enforcement: We may disclose health information for law enforcement purpose as required by law or in response to a valid subpoena.

Your signature indicated that you have read our policy and agree to our handling of your medical records, which you may revoke at any time.

Patient Signature: _____ Date: _____