

## Notice of Privacy Practices For Protected Health Information

**This notice describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.**

State and Federal laws require that we keep your protected health information (PHI) private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to follow these policies until they are replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation or treatment session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information**

The following categories describe different ways that we use and disclose your PHI. For each category, we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed.

- ❖ **Treatment:** Information about you may be used by the personnel associated with this clinic for diagnosis, treatment, and continuity of care. We may disclose it to other health care providers who provide you with treatment, such as doctors, nurses, and mental health professionals. For example, if your primary care doctor or an emergency room doctor calls to find out whether you are in treatment and what your diagnosis and medications are, we can provide this information if it is medically relevant to your treatment with them. In practice, we will almost always discuss this with you personally before or after the fact, depending on the urgency and scope of the request. Dr. Mui may sometimes obtain consultation for cases. The minimum amount of specific information may be exchanged in a consultation, but it will not go beyond the consultants. Information may also be shared with another health care provider who is providing coverage when Dr. Mui is away.
- ❖ **Payment:** Information about you may be used for billing. For example, if you chose to file a claim with your insurance company, your insurance company may need information about your diagnosis and treatment.
- ❖ **Health Care Operations:** Information about you may be used for business operations such as quality enhancement, training, audits, and accreditation. For example, we may use PHI in evaluating our performance and the care you receive.
- ❖ **Business Associates:** Information about you may be shared with business associates for the purposes of treatment, payment, and health care operations. For example, a business consultant may evaluate our performance and the care you receive.
- ❖ **Individuals Involved in Your Care or Payment for Your Care:** In general, your release of information is required for sharing information about you with another party not described above. There are exceptions for certain emergencies and other special situations, some of which are outlined in this notice, and there may be other provisions provided by legal requirements.

- ❖ **Communications From the Clinic:** In the event that the clinic must telephone you for purposes such as appointment cancellations or reminders, or to give or receive other information, efforts are made to preserve your confidentiality. Please note on your registration form whether messages can be left for you at the telephone numbers you provided. If this information is not provided, we will only identify the clinic as “the doctor’s office” and provide a phone number for you to call back only if necessary.

- ❖ **Special Situations**

- We will disclose your PHI when required by federal, state, or local law.
- If you disclose intentions or a plan to harm another person or persons, we are required to make reasonable attempts to protect the intended victim, which may include warning the intended victim or reporting this information to legal authorities.
- If you disclose or imply a plan for suicide, we are required to make reasonable attempts to protect you, which may include notifying legal authorities.
- We are required to report suspected child abuse or elder abuse to legal authorities.
- We are required to release records of patients when a court order has been placed.
- We may be required to disclose certain information to police, military authorities, or federal health officials if it is required for lawful intelligence, public security, or public health safety.
- We may release your information for worker’s compensation or similar programs that provide benefits for work-related injuries or illnesses.

## **Your Rights**

- ❖ You have the right to request to review or receive your medical files. If you request a copy, you may be charged a fee, up to the limits of the law. We may deny your request in very limited circumstances, in which case you will receive a written explanation of the denial.
- ❖ You have the right to cancel a release of information by providing us a written notice.
- ❖ You have the right request that we restrict or limit which information might be disclosed to others. However, if we do not agree with these restrictions, you will receive a written explanation of the denial.
- ❖ You have the right to request that information about you be communicated by certain means or at a certain location. For example, you may request that we only call you on your cell phone.
- ❖ You have the right to disagree with the medical records in our files, and you may request that this information be changed. We may deny the request if we believe the medical record is accurate, but in that case, your statement of disagreement will be placed in your file.
- ❖ You have the right to know to whom your information has been disclosed.
- ❖ If you wish to have a written copy of this notice, you may request it at any time from this clinic.

## **For More Information or To Report a Problem**

If you have questions regarding these practices, please ask Dr. Mui.

If you wish to report a problem, you can file a complaint with Dr. Mui or with the Office of Civil Rights in the Department of Health and Human Services about any violation of the rights above. There will be no retaliation for filing a complaint.