



NOTICE OF PRIVACY PRACTICES

ORIGINALLY EFFECTIVE APRIL 14, 2003
REVISED EFFECTIVE SEPTEMBER 23, 2013

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.

Introduction

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

This Notice of Privacy Practices describes how we may use and disclose the information and records that we maintain regarding your "Protected Health Information," which includes individually-identifiable information concerning your personal health, the health care and related services that you receive from us, and/or your payment for health care. In that context, Protected Health Information also includes personally identifiable information, such as your name, social security number, address and phone number. We are required by law to protect the privacy of your Protected Health Information. We are also required to provide you with this Notice about your rights and our privacy practices and legal duties with respect to your Protected Health Information. This Notice was originally effective April 14, 2003 and as revised is effective September 23, 2013.

Know Your Health Record

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

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,

- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals.
- Source of data for medical research,
- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually work to improve the care we render and 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 make more informed decisions when authorizing disclosure to others.

Know Your Health Information Rights

Although your health record is the physical property of Edinger Medical Group, the information belongs to you. You have the right to:

- *Inspect and copy your health record.*

You have the right to inspect and copy Protected Health Information that we use to make decisions about your care and to provide treatment to you, such as medical and billing records. Under federal law, however, *you may not inspect or copy the following records*: (1) information compiled in reasonable anticipation of, or use in, judicial or administrative proceedings; or (2) Protected Health Information that is subject to a law that prohibits access to such information. Reasonable copy fees will apply in accordance with state law.

If we use or maintain your Protected Health Information in an electronic format, you have a right to obtain a copy of such information in that electronic format (or another electronic format) and, if you so choose, direct us to transmit such copy directly to another entity or person.

We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your Protected Health Information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- *Amend your health record.*

If you think your Protected Health Information is not correct or not complete, you may ask

us to correct your health record by writing to the Privacy Officer at the address listed at the end of this Notice. Your written request must give the reason you ask for a correction. We have 60 days to respond to your request. If we accept your request, we will tell you we agree and add the correction. We cannot take anything out of the record, but we can add new information to complete or correct the existing information. With your help, we will notify others who have the incorrect or incomplete medical information. If we deny your request, you have the right to submit a written statement of that tells what you believe is not correct or is missing. We will add your written statement to your records and include it whenever we share the part of your health record that your written statement relates to.

- *Obtain an accounting of disclosures of your health record.*

You have the right to request a list of when your Protected Health Information was shared without your written consent. This list will *not* include uses or disclosures:

- to carry out treatment, payment, or health care operations
- to you or your personal representative
- to your family members or friends who are involved in your care
- as required or permitted by law as described above
- as part of a limited data set with direct identifiers removed
- made before April 14, 2003.

- *Request confidential communications of your health information.*

You have the right to ask us to communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only at work or at a post office box. You must make your request in writing to the Privacy Officer at the address given at the end of this Notice. You do not need to tell us the reason for your request. Your request must specify how or where you wish to be contacted. You will also be required to tell us what address to send bills to for payment. We will accept all reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

- *Request a restriction on certain uses and disclosures of your information.*

You have the right to ask that we limit our use or sharing of information about you for treatment, payment or health care operations. You also have the right to ask us to limit the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *For example, you could ask that we not share information about a medical procedure you had.* In general, we reserve the right to accept or reject your request. However, we are required to agree to your request for

restrictions for any disclosures to be made to a health plan for payment or health care operations functions (but not for treatment purposes) involving a health care item or service for which you have paid us out of pocket in full. We will notify you if we do not agree to your request. If we do agree, our agreement must be in writing, and we will comply with the restriction unless the information is needed to provide emergency treatment for you. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect medical information that was created or received after we notify you.

You must submit your request to restrict the use and sharing of your medical information in writing to the Privacy Officer at the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both and (3) to whom you want the limits to apply.

- *Obtain a paper copy of this Notice upon request*

You have the right to get a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may get a copy at any of our facilities or view it on our website.

- Right to Receive Notification.

You are entitled to receive notification from us if the confidentiality of any of your Protected Health Information maintained in an unsecured form is compromised.

Where We Are Responsible

Our practice is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices 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 your health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date on the front page. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request. The most current version of this Notice will also be available on our website at www.edingermedicalgroup.com.

At the time of your first visit to our facility, you will be asked to complete and return an acknowledgement form indicating your receipt of a copy of this Notice.

Except as otherwise permitted or required by applicable law, we will not use or disclose your health information in a manner other than described in the sections regarding Disclosures For Treatment, Payment, And Health Care Operations and Special Situations without your written authorization. If you give us authorization to use or disclose your Protected Health Information, you may revoke that authorization, in writing, at any time (except to the extent that we have already relied on it). If you wish to revoke a prior authorization, you must do so in writing and submit your revocation to our Privacy Officer. If you revoke your authorization, we will no longer use or disclose information about you for the purposes set forth in the revoked authorization, but we cannot take back any uses or disclosures already made pursuant to the revoked authorization. In addition, please note that you may not revoke an authorization to the extent the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the insurance policy or the insurance policy itself.

Most uses or disclosures of your Protected Health Information consisting of psychotherapy notes (to the extent maintained by or for us), and uses or disclosures of your Protected Health Information for marketing purposes or in connection with a sale of medical information will require your prior authorization.

For More Information or To Report a Problem

If you have questions and would like additional information, you may contact our practice's Privacy Officer at (714) 965-2500.

If you believe your privacy rights have been violated, you can either file a complaint with our practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). All complaints must be submitted in writing to the Privacy Officer. There will be no retaliation for filing a complaint with either our practice or the OCR.

Privacy Officer
Edinger Medical Group
9900 Talbert Avenue, Suite 302
Fountain Valley, CA 92708

Examples of Health Care Operations, Payment, and Disclosures for Treatment

We will use your health information for treatment.

We may provide medical information about you to health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care.

For example:

Information obtained by a nurse, medical assistant, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care.

We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

In addition, we may make your protected health information available electronically through a health information exchange service (HIE) for purposes of treatment, payment, or healthcare operations, or as required by law. The HIE provides a mechanism for healthcare providers in our community to share information electronically, all with the common goal of improving the quality of care of our patients. Participation in information exchange services also lets us see their information about you. For example, if you received treatment over the weekend at a local hospital emergency department, your Edinger Medical Group physician would be able to access and review your emergency department record before or during your office visit. This type of access provides your physician with the most current information about your care and treatment.

Edinger Medical Group may share your immunization or tuberculosis (TB) screening test records with the California Immunization Registry (CAIR), a statewide, secure and confidential database of patient immunization information. The CAIR is used by health care professionals, agencies, and schools to keep track of all immunizations you receive and can provide proof about immunizations needed to start child care, school, or a new job. If you do not want your immunization records to be shared with other registry users, please advise your doctor's office staff. You will be asked to sign a "Decline or Start Sharing/Immunization Information Request Form".

We will use your health information for payment.

We may use and disclose your medical or other PHI information so that we can collect payment from your health plan or a third party for health care services you receive.

For example:

We may need to give your health plan information about a procedure or test you received at Edinger Medical Group so your health plan will pay us. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your insurance will cover the treatment.

We will use your health information for our health care operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions.

For example:

- Quality Improvement

Members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be

used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce healthcare costs.

- Appointment Reminders

We may disclose medical information to provide appointment reminders (e.g., contacting you at the phone number or e-mail address you have provided to us and reminding you of an upcoming appointment).

- Communications about Health Related Products and Services

In addition to providing appointment reminders, we may also use the contact information you provide to us to send you notices of events we are hosting, health alerts, reminders about seasonal vaccinations (e.g., flu shots), newsletters, and other publications of interest about Edinger Medical Group. You are always free to opt out of receiving some or all of these communications.

- Business Associates

There are some services provided in our organization through contacts with business associates. Some examples are billing or transcription services we may use. Due to the nature of business associates' services, they must receive your health information in order to perform the jobs we've asked them to do. To protect your health information, however, when these services are contracted we require the business associate to appropriately safeguard your medical information.

Disclosures in Special Situations

We may also use or disclose your Protected Health Information without your prior written authorization in the following special situations:

- Decedents

Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.

- Workers Compensation

We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

- Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- Research

We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver from the Institutional Review Board/Privacy Board, who has reviewed the research proposal.

- Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of

organs for the purpose of donation and transplant.

- As Required By Law

We may disclose health information as required by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

- Specialized Government Functions

We may disclose health information for military and veterans' affairs or national security and intelligence activities.

- Practice Marketing

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you (for example, to notify you of any new tests or services we may be offering).

- Food And Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- Personal Representative

We may use or disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care).

- To Avert A Serious Threat To Health/Safety

We may disclose your information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

- Information Not Personally Identifiable

We may use Protected Health Information to create data that does not reveal your identity in any way and we may disclose such de-identified data to any third party without your prior authorization. We may also disclose Protected Health Information to a business associate for the purpose of creating de-identified data.

- Communication With Family

Unless you object, health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may also notify these individuals of your location and general condition. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, based on our professional judgment, determine that a disclosure of your Protected Health Information to your family member or friend is in your best interest. In that situation, we will disclose only the Protected Health Information that is relevant to the person's

involvement in your care. We may also use our professional judgment and experience to make a reasonable inference that it is in your best interest to allow another person to act on your behalf to pick up, for example, your prescriptions, supplies, or medical records.

- Disaster Relief

Unless you object, we may disclose health information about you to an organization assisting in a disaster relief effort.

Address any privacy concerns or requests in writing to:

Privacy Officer
Edinger Medical Group
9900 Talbert Avenue, Suite 302
Fountain Valley, CA 92708

