

Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information

I am committed to treating and using protected health information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information I collect and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 12, 2013, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/ Information

Each time you meet with Jenifer Finkelstein, a record of this meeting 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,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for my planning and marketing,
- A tool with which I can assess and continually work to improve the care I render and the outcomes I 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.

My Responsibilities

Jenifer Finkelstein is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.



I reserve the right to change my practices and to make new provisions effective for all protected health information I maintain. Should my information practices change, I will mail a revised notice to the address you have supplied me, or if you agree, I will e-mail the revised notice to you.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of uses and disclosures related to treatment, payment and health care operations:

1. *I will use your PHI for treatment.*

For example, information obtained by a counselor, case manager, nurse, 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. I will document in your record my expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, I will know how you are responding to treatment.

2. *I will use your PHI to obtain payment for treatment.*

I can use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you.

I may also provide your PHI to business associates. Some of my services are provided through contacts with business associates. Examples include schools, case managers, agency providers, physician services, certain laboratory tests, and administrative services. When these services are contracted, I may disclose your health information to my business associate so that they can perform the job I have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, I require the business associate to appropriately safeguard your information.

3. *I will use your health care information for health care operations.*

I can disclose your PHI to operate my business. For example, I may use your PHI to evaluate the quality of health care services that you received or to evaluate my performance as providing the service to you. I may also provide you PHI to my accountant, attorney, consultant, and others to make sure I am complying with applicable laws.

Examples of other disclosures:

I may also disclose your PHI to others without your consent in certain situations.

1. *For emergency treatment*

Your consent isn't required if you need emergency treatment as long as I try to obtain your consent after treatment is rendered, or if I try to obtain your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

2. *When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement*
For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims or abuse or neglect, or when ordered in a judicial or administrative proceeding.
3. *For public health activities*
For example, I may need to report information about you to the county coroner.
4. *For health oversight activities*
For example, I may need to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
5. *To avoid harm*
In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. *For workers' compensation purposes*
I may provide PHI in order to comply with workers' compensation laws.
7. *Appointment reminders and health related benefits or services*
I may use PHI to provide appointment reminders, give you information about treatment or treatment alternatives, or other health care services or benefits I offer.
8. *Notification*
I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
9. *Communication with the family*
Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
10. *Research*
I 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 health information.
11. *Public health*
As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
12. *Fundraising*
I may contact you as part of a fund-raising effort.

13. *Food and Drug Administration (FDA)*

I 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.

Disclosures that require your prior written authorization:

In any other situation not already described, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

- A. The right to request limits on uses and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
- B. The right to choose how I send PHI to you.** You have the right to ask that I send information to you at an alternative address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). I must agree to your request as long as I can easily provide the PHI in the format you requested.
- C. The right to see and obtain copies of your PHI.** In most cases, you have the right to look at or receive copies of the PHI that I have, but you must make the request in writing. If I don't have the PHI but I know who does, I will tell you how to obtain it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have the denial reviewed.
- D. The right to obtain a list of the disclosures I have made.** You have the right to obtain a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 12, 2013.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

- E. The right to correct or update your PHI.** If you believe there is a mistake in your PHI or that an important piece of information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed

to be disclosed, or (iv) is not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, notify you when it has been done, and inform others that need to know about the change to your PHI.

- F. The right to obtain this notice by e-mail.** You have the right to obtain a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions or would like additional information, you may contact Jenifer Finkelstein at (760) 452-0788.

If you believe your privacy rights have been violated, you may file a complaint with Jenifer Finkelstein or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either Jenifer Finkelstein or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney provided that a workforce member or business associate believes in good faith that I have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers, or the public.