

**After you review this, please sign page 7 and bring it with you for your appointment. It will be placed in your record. Thank you.**

**California Spine Care**

2291 Pacheco Street, Concord CA 94520

**Notice of Privacy Practices****Effective Date: August 15, 2007**

**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.**

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such record from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice property. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer.*

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**How this Medical Practice May Use or Disclose Your Health Information**

This medical practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services, which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you are sick or injured.
2. **Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations:** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates", such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information, which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their effort to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you to all the other health care providers, health care clearinghouses and health plans who participate in the following organized health care arrangements for any health care operations activities of these organized health care arrangement:
4. **Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Sign in sheet:** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Notification and communication with family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. **Marketing:** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization.

6. **Required by law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

7. **Public health:** We may, and are sometimes required by law to disclose your information to public health authorities for purpose related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

8. You have the opportunity to agree or object to the use or disclosure of all or parts of medical information about you in the situations discussed in the following paragraph. If you are not present or able to agree or object to the use or disclosure of your medical information in such instances, then your doctor may, using his or her professional judgment, use or disclose your medical information if believed to be in your best interest. California Law may also limit these uses or disclosures of your medical information.

#### ***Individuals Involved in Your Care or Payment for Your Care***

Unless you object, in an urgent situation we may release medical information about you to a friend, family member, or any other person you identify who is involved in your medical care. We may also give information to someone who helps pay for your care. We may use or disclose medical information about you to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your location, general condition or death.

#### ***Research***

We may use and disclose medical information about you for research purposes under certain circumstances. However, other than obtaining medical information in preparation for a research program or protocol, your specific permission is generally required if such research will involve the use or disclosure of your medical information.

#### ***Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object***

Unless California Law requires otherwise, we may use or disclose your protected health information in certain situations without your specific permission or without giving you an opportunity to agree or object. Among these situations are the following:

**Required By Law** We are permitted to disclose medical information when required to do so by federal, state or local law.

#### **To Avert a Serious Threat to Health or Safety**

In certain circumstances, we may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

#### **To Notify an Employer of Medical Information Related to an Employee:**

- or to evaluate whether an employee has a work-related injury or illness,
- the use or disclosure of information is related to these purposes,
- the use and disclosure is required for the employer to comply with its legal obligations,
- and the covered entity was providing services at the request of an employer for medical surveillance the
- employee is given notice that the information will be disclosed (notice can be handed)

**Military and Veterans** If you are a member of the armed forces, in certain circumstances we may release information about you to an appropriate government body.

**Workers' Compensation** We may release medical information about you to comply with workers' compensation laws.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may in certain circumstances release medical information about you to the correctional institution or law enforcement official.

**Public Health Activities** We may disclose medical information about you for public health activities. These activities generally include, without limitation, the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse and neglect;
- to report animal bites;
- to report reactions to medications or problems with products;
- to notify people of recalls or products they may be using;

- to notify a person who may have been exposed / at risk of for contracting or spreading disease / condition
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect
- domestic violence

**Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities related to the monitoring of the health care system, government programs or compliance with civil rights laws. These oversight activities include; for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes** In certain circumstances, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Law Enforcement** We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities in certain circumstances.

**Coroners, Medical Examiners and Funeral Directors** If authorized by law, we may release medical information to a coroner or medical examiner. We may also release medical information to a funeral director, as consistent with applicable law, in order to permit the funeral director to carry out his or her duties. Also, medical information may be used and disclosed for organ, or tissue donation purposes.

**Protective Services for the President, National Security and Intelligence Activities** We may disclose medical information about you to authorized federal officials so they may, without limitation, (i) provide protection to the President; other authorized persons or foreign heads of state or conduct special investigations, or (ii) conduct lawful intelligence, counter-intelligence, or other national security activities authorized by law.

**Your Rights Regarding: Medical Information We Maintain About You**

**Right to Inspect and Copy** You have the right to inspect and copy medical information that relates to you. To do so, you must submit your request in writing to our Privacy Officer at the address below. If you request a copy of the information, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may in certain circumstances request that the denial be reviewed. In such cases, another licensed health care professional chosen by ProHealth/Argus will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. In certain circumstances, you have the right to amend your medical information.. Your request for an amendment must be made in writing and submitted to our Privacy Officer at the address below. In addition, you must provide a reason that supports your request. We may deny your request for an amendment in certain circumstances.

**Right to an Accounting of Disclosures** You have the right to receive an accounting of certain disclosures that we have made. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer at the address below. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within a single 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on how we use or disclose certain medical information about you, including how we use or disclose your medical information for treatment, payment or health care operations. To request restrictions, you must make your request in writing to our Privacy Officer at the address below. 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. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you can request one in writing from our Privacy Officer at the address below or simply ask for a copy at the reception/check-in desk at your doctor's office.

**Changes To This Notice** We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the bottom right-hand corner, the effective date.

**Complaints** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint, contact our Privacy Officer at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint, and we will seek to deal with all complaints in a reasonable and efficient manner.

**Sanctions:** California spine care may impose sanctions against employees who fail to comply with the privacy policy. Members of the California spine care must only disclosed patient history in accordance with this HIPAA privacy regulation. The privacy officer. will independently review determinations and actions. Each case arising under this sanctions policy will be reviewed in conjunction with the company's disciplinary action policy.

Members of the company's workforce whether or not they are paid by the company may be subject to discipline under this privacy policy. Violations will be disciplined according to company policy including discharge or restitution if their lack of diligence or lack of supervision contributes to his subordinates privacy violation. Intentional violation will result in immediate suspension.

There will be no disciplinary action as a result of filing a complaint with the Sec. of Health and Human Services for suspected violation of his privacy regulation, testifying, assisting or participating in an investigation, compliance review, proceeding or hearing in connection with the provisions of this policy, opposing any act or practice made unlawful by this privacy regulation provided that the person has a good-faith belief that the practice opposed is unlawful and the manner of the opposition is reasonable and does not involve a disclosure of patient health information in violation of this privacy regulation. Disclosing patient health information to a law enforcement officer if the person is the victim of a criminal act that occurred on or off the premises, information which relates to the suspected perpetrator of the criminal act and no other information than the following is disclosed: current location, name, address, date of birth, place of birth, Social Security number, blood type, type of injury if applicable him a date and time of treatment, date and time of death, description of distinguishing physical characteristics.

**Disciplinary action** will be imposed as appropriate after considering the relevant facts and circumstances of this privacy violation. This disciplinary actions will be enforced with consideration of the right of appeal of the violator.

Disciplinary action will be documented including the privacy violation, the party that determines the action, the facts and circumstances considered in determining the action, the discipline imposed, the appeals process used, the actions taken in order to enforce the discipline. The company will maintain the documentation described in the above paragraph for a period of at least six years from the date it was created.

The documentation may be used or disclosed only if it is required by law or a court order, in accordance with the individual's authorization, in determining disciplinary action for subsequent violations, to investigate compliance with this privacy policy. Under any other circumstances such documentation must be de-identified prior to any use or disclosure.

**Mitigation:** the company will mitigate to the extent practical any harmful effect that is known of a use or disclosure of patient health information in violation of the company's privacy policy and procedures. Members of the company's work force are responsible for mitigating the harmful effect of any inappropriate use or disclosure and will be familiar with this policy and will follow the procedures described in this section.

**Procedure:** members of the company who know of the harmful effect or use of a disclosure of this patient health information with and believe that it violates either the company's privacy policy will report the use of this disclosure and any relevant facts to the company's privacy Ofc.

If the privacy officer determines that a harmful effect has occurred and it violates company policy the company shall mitigate to the extent practical the harmful effect.

The company shall take reasonable steps to mitigate and known harmful effect of the use or disclosure of patient health information. The reasonable steps shall be implemented based on company's knowledge of to whom the information has been disclosed, how the information might be used to cause harm to the patient or another individual and what steps can actually have aim beneficial effect with respect to the particular situation.

The company is not required to monitor the activities of its business associates. However if the company knows of a pattern of activity or practice of a business associate that constitutes a material breach or violation of this business associates obligation under the business associate agreement or other arrangement, the company shall take reasonable steps to cure the breach or in the violation, if such steps are unsuccessful the company will then terminate this business associate agreement or arrangement if feasible

training: awareness of this company policy shall be for all personnel. Members of the company will be trained on this awareness and on company privacy policy and procedures in accordance with this regulation as necessary and appropriate for the members of the workforce to carry out their intended job functions.

Initial training will be completed no later than the compliance date for the HIPAA privacy regulation.

**New hire training-** any new hire will be trained within a reasonable period of time after joining the work force and will be trained through the company's current training process and by individuals designated to provide training in the company's privacy policy and procedures. In the event that the privacy regulation is materially modified, each member of the workforce whose job functions are significantly affected as a result of modifications to the regulation will receive additional training within a reasonable period of time. In the event that the job functions for a member of the company's work force change in such a way as to render the initial training inadequate or inapplicable, the company will provide supplemental training to that individual within a reasonable time. The company is responsible to provide training to its employees regarding HIPAA awareness. All members of the company will receive such training.

All of the members are responsible for attending this **scheduled training**.

The company will maintain a signed letter of acknowledgment from each member of the work force verifying that he or she has completed the required training. Letters of acknowledgment must be kept for at least six years from the date of their creation.

**Privacy Officer:**

Santi Rao MD  
925 691 1700

**California Spine Care**

Santi Rao MD

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have accessed a copy of the current notice of Privacy Practice, and that I may be offered a copy of any amended Notice of Privacy Practices at each appointment upon request.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

If not signed by the patient, please indicate:

Name of Patient: \_\_\_\_\_

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient