

## Notice of Privacy Practices

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This medical practice collects health information about you and stores it in a chart and/or a computer. This is your medical record. We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information which are also described in this notice.

### How We May Use and Disclose Medical Information About You

**Treatment:** We will use and disclose your health information within our office to provide you with the best health care possible. In addition, we may disclose your health information to referring physicians, clinical and pathology laboratories, pharmacies, or other health care personnel involved in your treatment to provide, coordinate, or manage your health care and any related services.

**Payment:** We will use and disclose your health information to obtain payment for the services we provide you. We may include your health information with an invoice, or with insurance forms.

**Health Care Operations:** We will use and disclose your health information to support the business activities of our practice. We may disclose health information to third party business associates who perform billing, consulting, or transcription services for our practice. We may use medical information to review and evaluate our treatment and service, or to evaluate our staff's performance while caring for you. Your health information may be reviewed during the routine processes of certification, licensing, or credentialing activities.

**As Required By Law:** We will use and disclose your health information when required by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may disclose information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, disability, or to avert a serious threat to public health or safety. This may include military or national security purposes. This may include suspected abuse.

### Other ways we may use and disclose your health information:

- *Appointment Reminders:* To contact you as a reminder about appointments or treatments. We may leave voicemail or email messages.
- *Office Visits:* To check-in for your appointment at our office, you'll print your name and sign in. We will also call out your name when we are ready to see you.
- *Treatment Alternatives:* To inform you about or to recommend possible alternative treatments or options that may be of interest to you.
- *Others Involved in Your Care:* To inform others involved in your health care, such as a family member, other relative, or close friend. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition.
- *Research:* To assist researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established privacy protocols.
- *Workers Compensation:* To participate in workers compensation or similar programs that provide benefits for work-related injuries or illness.
- *Legal Proceedings:* In the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request, or other lawful process.
- *Law Enforcement:* For law enforcement purposes, for example, requests for identification; or pertaining to victims of a crime; or to prevent criminal activity.
- *Coroners, Medical Examiners, and Funeral Directors:* To identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.
- *Inmates:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, so that the institution can provide you with health care, or protect the health and safety of you or others.

## **Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you.

- *You have the right to* obtain a paper copy of this notice upon request. You can stop by our office, or ask us to mail you a copy. It is also available on our website, [www.rodneywongmd.com](http://www.rodneywongmd.com).
- *You have the right to* inspect and copy the health information that we maintain about you, including your medical and billing records. Your request must be submitted in writing. By law, any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying. We may charge you a fee for copying, mailing, and other associated costs in fulfilling your request. Please refer to our policy for fees related to the copying of records.
- *You have the right to* request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make your request in writing and state exactly what information is incomplete or inaccurate, and must state the reasoning. We may deny your request to amend information that was not created by our office; or is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. If we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, and ask us to attach it to your records.
- *You have the right to* request restrictions or limitations on how we use or disclose your medical information for treatment, payment, or health care operations. You also have the right request a limit on 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. We are not required to agree to your request if the information is needed to provide you emergency treatment. You must make your request in writing, and it must include what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply (for example, disclosure to your spouse).
- *You have the right to* request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations, or other exceptions pursuant to the law. Your request must be made in writing and must state the time period for the requested information, which may not be longer than six years.
- *You have the right to* be notified if your health information is unlawfully accessed or disclosed.
- *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, by mail or at work). You must make your request in writing, and specify how and/or where you wish to be contacted. We will accommodate all reasonable requests.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our office, you must submit it in writing within 180 days of the suspected violation, providing as much detail as you can. You will not be penalized for filing a complaint.

## **Changes to this Notice**

We reserve the right to change this notice. 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.

## **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke such permission, in writing, at any time, which will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Effective Date: March 18, 2013**