

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.

note: The text of this notice is based on a template provided by the American Medical Association, so most of it may be familiar to you from other first-time medical visits. Please note that, for the purposes of The Health Insurance Portability & Accountability Act of 1996 (HIPAA), my acknowledging that you are a patient of this practice would be an example of disclosing personal health information (PHI). Please also note that, again for the purposes of HIPAA, my psychotherapy notes are kept separate from the rest of the medical record, and, as such, are under special protections. -- Raghuram B Bhat, MD

*I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. I make a record of the medical care I provide and may receive such records from others. I 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 me to meet my professional and legal obligations to operate this medical practice properly. I am required by law to maintain the privacy of protected health information, to provide individuals with notice of my legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how I may use and disclose your medical information. It also describes your rights and my legal obligations with respect to your medical information. If you have any questions about this Notice, please do not hesitate to ask me.*

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## A. 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 an electronic health record. 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 me to use or disclose your health information for the following purposes:

1. **Treatment.** I use medical information about you to provide your medical care. I may disclose medical information to others who are involved in providing the care you need. For example, I may share your medical information with other physicians or other health care providers who will provide services that I do not provide. Or I may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. I may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. **Payment.** If you are paying through insurance, I use and disclose medical information about you (e.g., diagnoses) to obtain payment for the services I provide. If you are paying via credit card or check, then your name, address, etc will be associated with my practice.
3. **Health Care Operations.** I may use and disclose medical information about you to operate this medical practice. For example, I may use and disclose this information to review and improve the quality of care I provide. Or I may use and disclose this information to get your health plan to authorize services or referrals. I 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. Your medical information is necessarily shared with the electronic health record system I am using, with whom I have a "business associate" agreement that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. I 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 patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, 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.
4. **Appointment Reminders.** I may use and disclose medical information to contact and remind you about appointments. If you are not home, I may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Notification and Communication With Family.** I 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, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, I may disclose information to a relief organization so that they may coordinate these notification efforts. I 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, I will give you the opportunity to object prior to making these disclosures, although I may disclose this information in a disaster even over your objection if I believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, I will use my best judgment in communication with your family and others.
6. **Required by Law.** As required by law, I will use and disclose your health information, but I will limit our use or disclosure to the relevant requirements of the law. When the law requires me to

report abuse or neglect, or respond to judicial or administrative proceedings, or to law enforcement officials, I will further comply with the requirement set forth below concerning those activities.

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

8. **Health Oversight Activities.** I may, and am sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

9. **Judicial and Administrative Proceedings.** I may, and am sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. I may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

10. **Law Enforcement.** I may, and am sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

11. **Coroners.** I may, and am often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

12. **Public Safety.** I may, and am sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

13. **Specialized Government Functions.** I may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

14. **Workers' Compensation.** I may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, I will make periodic reports to your employer about your condition. I am also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

15. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

16. **Breach Notification.** In the case of a breach of unsecured protected health information, I will notify you as required by law. If you have provided me with a current e-mail address, I may use e-mail to communicate information related to the breach. In some circumstances my business associate may provide the notification. I may also provide notification by other methods as appropriate.

17. Psychotherapy Notes. I will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by myself of the notes for your treatment, 2) to defend myself if you sue me or bring some other legal proceeding, 4) if the law requires me to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, I will stop using or disclosing these notes.

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## B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

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## C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. For example, if you tell me not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, I will abide by your request, unless I must disclose the information for treatment or legal reasons.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that I send information to a particular e-mail account or to your work address. I will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your medical record (aside from psychotherapy notes), with limited exceptions. To access your medical records, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. I will also send a copy to any other person you designate in writing. I will charge a reasonable fee which covers my costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. I may deny your request under limited circumstances, for example if I believe allowing access would be reasonably likely to lead to substantial harm of yourself or others.

4. Right to Amend or Supplement. You have a right to request that I amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. I am not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. I may deny your request if I do not have the information, if I did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be

permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If I deny your request, you may submit a written statement of your disagreement with that decision, and I may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 5 (notification and communication with family) and 13 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of my legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please let me know.

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## D. Changes to this Notice of Privacy Practices

If changes to this notice are necessary in the future, I will provide you with a revised Notice of Privacy Protections. One reason for such a change could be my providing new services. If changes to this notice are required by a change in law, or my interpretation of an existing law, please note that the revisions could apply to all protected health information that I maintain, regardless of when it was created or received.

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## E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to me.

However, if you are not satisfied with the manner in which I handle a complaint, you may submit a formal complaint to:

Michael Leoz, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: ocrmail@hhs.gov

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint.