

Epstein, Tuffanelli, and Ng, MD's
450 Sutter St., Ste 1306
San Francisco, CA 94108

Notice of Privacy Practices for Protected Health Information

EFFECTIVE DATE: APRIL 14TH, 2003 and remains in effect until we replace it.

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. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the right to adequate notice of the uses and disclosures of your protected health information (PHI) that may be made by this practice. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. We make a record of the medical care we provide and may receive such records from others. You are entitled to notice of your rights and the duties of this practice with respect to your personal health information. This notice 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 listed at the end of this notice.

Our Legal Duty

Law requires us to:

- 1) Maintain the privacy of your personal health information
- 2) Provide you with a notice of our legal duties and privacy practices with respect to your personal health information
- 3) Follow the terms of the notice that is currently in effect

How We May Use and Disclose Your Information

This medical practice collects health information about you and stores it in a chart and on a computer. The following describes how our practice is permitted by law to share your personal health information with others in order to provide you with medical care. The law permits us to use or disclose your health information for the following purposes:

Treatment. We may need to share information about you in order to provide your medical care. For example, we may share information with other physicians, nurses, or health care professionals who provide services we do not provide and who may be involved with your care. We may also share this information with a pharmacist who needs it to dispense a prescription to you or to a laboratory that performs a test.

Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we may share your medical information with your insurance company (or other business associates helping us obtain payment) to assist them in obtaining payment for services that have been provided to you.

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 get your health plan to authorize services or referrals. We may also use and disclose this information to review and improve the quality of care we provide, for medical reviews, legal services and audits, including fraud and abuse detection, for contractual obligations, patients' claims, grievances, business planning and development, business management and administration, underwriting, and credentialing. We will share information with other business associates and insurers as necessary to obtain these services.

Appointment Reminders. We may use and disclose medical information about you to contact and remind you that you are due for care or about appointments. If you are not home, we will leave this information on your answering machine or in a message left with the person answering the phone. We will make every effort to protect your privacy when leaving a message for you and will reveal as little confidential information as possible.

Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Appointment Check-In. We may ask for your name when you arrive at our office and may call the out your name when we are ready to see you.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or other person responsible for your care about your location, your general condition or in the event of death. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. If you are unable or unavailable to agree or object, our health professionals will use their best judgement in communication with your family and others.

Disaster Relief Efforts. In event of a disaster, we may disclose information to a relief organization so that your family can be notified about your condition, status, and location.

Public Health. We may disclose medical information about you 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 domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; reporting disease or infection exposure; notifying persons of recalls, repairs or replacements of products they may be using; and notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Required by Law. As required by law, we may disclose your personal health information to law enforcement individuals but will limit our use or disclose to the relevant requirements of the law.

Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process as required.

Law Enforcement Activities. We may, and are sometimes required by law, to disclose your protected 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.

Health Oversight Activities. We may disclose medical information to government, health oversight, licensing, auditing, and accrediting agencies, subject to the limitations imposed by federal and California law.

Public Safety. We may, and are 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 safety of a particular person or the general public.

Coroners, Medical Examiners, and Funeral Directors. We may release, and are often required by law, to disclose your health information to coroners or medical examiners in connection with their investigations. We may also release medical information to funeral directors as necessary to carry out their duties.

Organ or Tissue Donation. If you are an organ donor, we may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Specialized Government Functions. We 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.

Worker's Compensation. If you are seeking compensation through Worker's Compensation, we may release medical information about you as necessary to comply with worker's compensation laws. For example, we are required by law to report cases of occupational injury or occupational illness to the employer or to worker's compensation insurers.

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.

Research. We 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 protected health information.

Marketing. This practice does not use or disclose any protected health information for marketing purposes.

Other Uses. Except as described in this Notice of Privacy Practices, this medical practice will 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.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have the 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 we only communicate with you at home, and never at your workplace. We will attempt to accommodate all reasonable requests. The request must be made in writing.

Request Special Privacy Protections. You have the right to request a restriction or limitation on the personal health information for treatment, payment or health care operations. You also have the right to restrict how much information we may provide to family members or friends who are involved in your care regarding your treatment or the payment for your care. You must make this request in writing and address it to this office. 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, for example, only to you and your spouse. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

Request to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information. This request must be made in writing and should detail what information you want to access and whether you want to inspect or get a copy of it. We will charge a reasonable fee as allowed by California and federal law. We may deny your request under limited circumstances. Records related to your care may also be disclosed to an authorized person such as parent or guardian upon proper proof of a legitimate legal relationship. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

Request an Amendment or Supplement. If you feel that your medical information on file is incomplete or inaccurate, you have the right to request an amendment or clarification. The request must be made in writing, be dated and signed, and must include the reasons you believe the records are inaccurate or incomplete. We are not required to change your health information and will provide you with information about this practice's denial and how you can disagree with the denial. We will deny your request if you ask us to amend information we did not create, is not part of the medical information kept by our practice, is not part of the information which you would be permitted to inspect and copy, or if we believe the information is accurate and complete as is. You also have the right to request that we add to your record a statement written by you of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Request an Accounting of Disclosures. You have the right to receive a list of the disclosures we have made of your personal health information for purposes other than treatment, payment, health care operations, disclosures provided to you pursuant to your written authorization, notification and communication with family, disclosures for specialized government functions, disclosures for purposes of research of 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 providing this accounting would be reasonably likely to impede their activities. The request must be made in writing and must be for disclosures dated AFTER APRIL 14, 2003. All requests must state a time period no longer than the six previous years and may not include dates before April 14, 2003. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. 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.

Obtain a Paper Copy of this Notice of Privacy Practices. You have a right to obtain a copy of our notice of privacy practices upon request at any time.

Changes to this Notice of Privacy Practices

We reserve the right to change the terms of this notice at any time in the future and to make the new notice provisions effective for all personal health information we already have about you and may obtain in the future. We will keep a copy of the current notice posted in our reception area. The effective date will be posted at the top of the first page. You may request a copy of the current Notice in effect by visiting our office and picking up a copy.

To Request Information or File a Complaint.

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Alice Epstein at 415-781-4083.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Alice Epstein.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Resources
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.