

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE READ IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes:

treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI. If you request copies, you may be charged \$1.00 per page for locating and copying your health information, and postage if you want the copies mailed to you. You may exercise this right by delivering the request to our office.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.
- The right to amend your PHI for incomplete or incorrect information by delivering a request to our office/hospital. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the office;
 - Is not part of the information that you would be permitted to inspect and copy;
 - Is accurate and complete.
- If your request is denied, you will be informed of the reason or the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

- If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

Uses and/or Disclosures Not Requiring Your Authorization or Consent:

The HIPAA Privacy Rule provides that we may use and/or disclose your PHI when existing law requires that we report information including each of the following areas:

- Using our best judgment, we may disclose to a family member, other relative, close friends or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
- To a health oversight agency with respect to audits, civil, administrative, and/or criminal investigations, proceedings or actions, inspections, licensure or disciplinary actions;
- In response to a court order, court-ordered warrant, subpoena or summons;
- To law enforcement for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, (e.g., disclosing a deceased individual's PHI if suspicion persists that death may have resulted from criminal conduct);
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue for donation and transplantation;
- As required by law for public health activities and the prevention or control of disease, injury or disability, including but not limited to communicable diseases and product defects or problems (e.g., with food and dietary supplements and product labeling issues);
- As required by law to social or protective services with respect to victims of abuse, neglect or domestic violence;
- As required by law to social or protective services to avert a serious threat of physical violence against an identifiable victim. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, we may release relevant information as necessary to prevent the threatened danger;
- Of Armed Forces personnel for activities deemed to assure proper execution of military mission;
- To authorized federal officials for the conduct of lawful intelligence or counter-intelligence as authorized by the National Security Act;
- To authorized federal officials as it relates to protecting the President of the United States, to foreign heads of state or other authorized persons;
- To the United States Department of State as it relates to obtaining security clearance, service abroad and other provisions of the Foreign Service Act;

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- To correctional institutions or law enforcement as it relates to inmates' healthcare or the health and safety of individuals treating and transferring inmates;
- To a person who may have been exposed to a communicable disease, if the practice is authorized by law to notify such persons in the conduct of a public health intervention or investigation;
- To an employer, if the practice is a covered provider who is a member of the workforce of the employer or who provides healthcare to the patient at the request of the employer: to conduct an evaluation relating to medical surveillance of the workplace; or to evaluate whether the individual has a work-related illness or injury;
- To an auto insurance company or workman's compensation when they are responsible for payment of the practice's services.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of April 2, 2018 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Christine Chiu MD (650) 335-5406. You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

I hereby acknowledge receipt of Christine Chiu MD's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____