

Notice of Privacy Practices

This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Summary:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

The right to inspect and copy your information;

The right to request corrections to your information;

The right to request that your information be restricted;

The right to request confidential communications;

The right to a report of disclosures of your information; and

The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will insure that your information remains private.

If you have any questions about this Notice, the name and phone number of our contact person is listed on this page

Effective Date of this Notice	March 5, 2009
Contact Person	OC Laser & Vein Rejuvenation Specialists
Phone Number	(714) 954-0270

Acknowledgement of Notice of Privacy Practices

"I hereby acknowledge that I have received a copy of this practice's **NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed above. I further understand that the practice will offer me updates to this **NOTICE OF PRIVACY PRACTICES** should it be amended, modified, or changed in any way."

Patient or Representative Name (please print)

Patient or Representative Signature

Date

Patient refused to sign

Patient was unable to sign because

At our organization, we are required to protect the privacy of medical/health information about you and that can be identified with you. This is called “protected health information” or “PHI” for short. We respect the privacy and confidentiality of your protected health information.

This Notice of Privacy Practices (“Notice”) describes the ways in which we may use and disclose your medical/protected health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by this organization. It includes demographic information and information that relates to your present, past or future physical or mental health and related healthcare services. This Notice applies to uses and disclosures that we may make of all of your protected health information, whether created by us in our organization or received by us from another healthcare provider.

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including graphic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Ways in which we may use and disclose your protected health information: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services, to pay your health care bills, to support the operation of the physicians practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician who we have requested to be involved in your care. For example: We would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health care operations: We may use or disclose as needed your protected health information in order to support the business activities of your physician's office. These activities include but are not limited to: quality assessment activities, employee review activities, training of medical student, and conducting or arranging for other business activities. For example we may disclose the protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign in your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. As required by law, Public Health issues as required by law; Communicable disease; Health Oversight; Abuse or neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral directors and organ donation; Research; Criminal Activity; Military Activity and National security; Worker's compensation; Inmates; Required Uses and Disclosures; Under the law we must make disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine all compliance with the requirements of section 164.500. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

Your rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. We may charge you a fee for copying, mailing, or other supplies used in fulfilling your request.

You have the right to request the restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment for health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want restrictions to apply.

Your physician is not required to agree to the restrictions that you may request. If your physician believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternative (i.e. electronically).

You have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures that we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

This notice was published and becomes effective on /or before March 5, 2009.