

## NOTICE OF PRIVACY PRACTICES - FOR THE OFFICE OF DR. CHERYL SERR

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice takes effect on October 1, 2004 and remains in effect until we replace it.

Your health information is a record of your health care. Each time you are seen in our office, or have phone contact, we create a record of your visit or conversation, which describes your symptoms, inquiries, examination, procedures, test results, prescriptions, and other relevant information. This record provides the basis for planning your care and treatment, provides a means of communication between the health care professionals who contribute to your care, serves as a legal document describing your care, provides a record to assure accurate billing, and serves as source of information for public health care officials charged with improving the health of our state and nation.

### 1. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This notice will tell you about the ways we may use and share your health information. We are required by law to: 1) maintain the privacy of your health information, 2) provide you this notice describing our legal duties, privacy practices, and your rights regarding your health information, and 3) follow the terms of the current notice. We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our privacy practices change, we will notify you at your next visit. We will accommodate reasonable requests you may have to communicate health information by alternative means, or to alternative locations. We will utilize every reasonable means to protect your health information; however, charts may occasionally be visible in the office or transferred from one facility to another, or taken to storage. Also, patient information may be visible on computer screens or check-in sheets; conversations may be overheard or patient names be called out by our staff. Also, although we exercise great care in mail, fax and email transmissions, we cannot guarantee that information will not go to an incorrect recipient.

### 2. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following section describes different ways that we may use and disclose health information. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. You may revoke any specific written authorization you provide, by writing to us at the address provided at the end of this notice.

**For Treatment:** We may use and disclose your health information to provide you with medical treatment or services, or to provide you with information about health-related benefits and services, or to describe or recommend treatment alternatives. We may disclose your health information to pharmacies, doctors, nurses, technicians, medical students, or other people who are taking care of you, and to your other health care providers, to assist them in treating you.

**For Payment:** We may use and disclose your health information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your health information.

**For Health Care Operations:** We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**Notification:** We may use and disclose your health information to notify or help notify a family member, your personal representative, another person responsible for your care, or any other person you identify, regarding your location, general condition, or death. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or health information for you, or disclosure of health care information relevant to that person's involvement in your care or payment related to your care.

**Appointment Reminders & Moving Notices:** We may use and disclose your health information for the purpose of notification of appointment reminders or moving notices. This notification may occur by mail or by phone. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Test Results:** We may use and disclose your health information for the purpose of notification of test results. This notification may occur by mail or by phone. If you are not home, we will NOT leave this information on your answering machine or in a message left with the person answering the phone, unless you have given your written authorization to do so.

**Organ and Tissue Donation:** We may disclose your health information, as needed, with appropriate organizations, if you are a donor.

**For Deceased Patients:** We may disclose health information, as needed, with a coroner, medical examiner, or funeral director.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may use or disclose your health information if it is necessary to prevent a serious threat to your health or safety or the health or safety of another individual or the public, including the notification of a person regarding potential exposure / risk of contracting a communicable disease, or potential risk for spreading a communicable disease or condition. We may also disclose your health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of: reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may use or disclose your health information under limited circumstances to your employer, related primarily to workplace injury or illness or medical surveillance. We may disclose your health information in order to assist with disaster relief efforts.

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your health information if it is necessary to prevent a serious threat to your health or safety, or the health or safety of others. We may use and disclose health information to appropriate authorities regarding potential child abuse or neglect, a potential adult victim of abuse, neglect, or domestic violence, or the possible victim of other crimes.

**Workers Compensation:** We may disclose your health information to the extent authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Disclosures Required By Law:** We may disclose your health information when required by federal, state or local law.

**Judicial and Administrative Proceedings:** We may disclose your health information to law enforcement officials, in response to a court order, administrative order, warrant, grand jury subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose your health information to law enforcement officials, under certain circumstances. Some examples of these circumstances include: disclose of your health information to correctional institutions or law enforcement officers that have you in their lawful custody; reporting required by certain laws (such as the reporting of certain types of wounds); reporting regarding a crime victim in certain situations; or (at the request of a law enforcement official) reporting limited information concerning identification and location, or health information, of a suspect, material witness, fugitive, crime victim or missing person, or suspected victims of crimes; reporting death, crimes on our premises, and crimes in emergencies.

**Specialized Government Functions:** We may disclose or use your health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, if you are an inmate at a correctional institution or under the custody of a law enforcement official, and for government programs providing public benefits. We may disclose your health information to an agency providing health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**Research in Limited Circumstances:** We may use your health information for research purposes in limited circumstances (where protocols are followed to ensure the privacy of health information).

### **3. YOUR HEALTH INFORMATION RIGHTS**

You have the right to request a restriction in our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except when otherwise required by law, in emergencies, or when the information is necessary to treat you). Your request must describe in a clear fashion (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.

You have the right to inspect and obtain a copy of your health information and billing records, but not psychotherapy notes. You will be charged a fee for the copies and for postage if you want the copies mailed to you. You may contact us at the address listed at the end of this notice for a full explanation of our fee structure. Our practice may deny your request to inspect and/or copy your health information in certain limited circumstances; however, you may request a review of our denial, conducted by another licensed health care professional chosen by us.

You have the right to ask for an "accounting of disclosures" (a list of all the times our practice shared your health information for purposes other than treatment, payment, health care operations and other specified exceptions).

You have a right to request a paper copy of our notice of privacy practices. A copy is maintained in our waiting room and on our website.

You have the right to ask us to amend your health information, if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request, if you ask us to amend information that is in our opinion (a) accurate and complete, (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect or copy; or (d) not created by our practice. If we deny your request, we will provide you a written explanation, and you may respond with a statement of disagreement, both of which will be to the records.

You have a right to file a complaint about this notice or how this medical practice handles your health information. Please submit any complaint in writing, directed to the Privacy Officer, listed at the end of this notice. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Specifically, this enables you to list friends or relatives with whom you authorize us to disclose your health information. You may revoke any authorization you provide, at any time, by written request.

It is required that all the above requests be made in writing. If you have any questions about this notice, to specify method / location of confidential communications, to inspect and / or copy records, to request restrictions of use / disclosure, to request an amendment, to request an accounting of disclosures, to request a paper copy of this notice, or to file a complaint, please contact: Privacy Officer, The Office of Dr. Cheryl Serr, 1842 Buena Ventura Blvd, Redding, CA 96001, 530-225-8500. Our practice contracts with a copy service: Professional Medical Copy, to provide the actual copy of records when requested.