

Woodland Hills Medical Clinic

NOTICE OF INFORMATION PRACTICES

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

Each time you visit a hospital, physician, or healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, explanation, test results, diagnosis, treatment, and plan for future care. Also, known as your medical record and serves as a:

- Basis of planning your care and treatment
- Means of communication among the health professionals participating in your care.
- Legal document describing the care you received
- A source of information for public health officials charged with improving the health of the nation.
- A tool with which we can assess and continually work on to improve the care we deliver and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps to insure its accuracy; make informed decisions when authorizing disclosure when authorizing disclosure to others; and better understand who, what, when, where and why others may access your health information.

Understanding Your Health Information Rights

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction of certain uses and disclosure of your information.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and obtain a copy of your health record.
- Request to amend your health record.
- Obtain an accounting of disclosures of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclosure health information except to the extent that action has already been taken.

Our Responsibilities

We are required to:

- Maintain privacy of your health information.
- Provide you with a notice as to our legal duties & privacy practices with respect to your information.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record.
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations.

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We reserve the right to change our practices and to make changes effective for all protected health information we maintain. A current Notice of Information Practices will be posted at our office.

Examples of Disclosure for Treatment, Payment and Health Operations

We will use & disclose your health information. We may disclose your health information about you to other providers: specialist, hospitals, home-health agencies, nursing homes, P.T., ect. (IE: if you are referred to a specialist to treatment a broken bone, the specialist would need to know that your diabetic, since diabetes may slow healing process.)

We will use & disclose your health information for payment. (IE: a bill may be sent to you/ a third-party payer with information that may identify you, your diagnosis, procedures, & supplies. Along with any additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was delivered. Further, we may disclose health information to the extent necessary to comply with the worker's compensation or other similar programs established by law. We will also honor attorney requests for medical records that you have authorized by your signature.

We will use your health information for regular health operations. (IE: members of our quality improvement team may use the information in your health record to assess the care and outcomes if your cases and others like it.) The information will then be used to continually improve the quality & effectiveness of the healthcare and services we provide.

Business Associates: There are some services provided in our organization through contracts with business associates such as a transcription service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. However, to protect your health information we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Funeral directors & organ procurement organizations: We may disclose health information to funeral directors consistent with applicable law. We may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for tissue donation and transplant.

Family Communication: After careful judgment, we may disclose to a family member or other person you designate, health information relevant to that person's involvement in your care or payment related to your care.

Food & Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplement, produce and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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Public Health: As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement and Correctional Institution: We may disclose health information for law enforcement purposes as required by law. Should you be an inmate of a correctional institute, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, provided that we or our business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, the public.

Responsible Party Signature

Date