



Rajsree Nambudripad, MD  
Roy Nambudripad, MD

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed, and your rights to access your medical information.**

This Notice of Privacy Practices is being provided to you as a requirement of the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes under what circumstances our medical practice (OC Integrative Medicine) may use and disclose medical information about you 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 medical information about you. Your medical information (ie., “protected health information” for purposes of HIPAA) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition. We are required by law to maintain the privacy of your medical information and we must abide by the terms of this notice.

In this notice we provide descriptions of the different ways that we may use and disclose your medical information. In some cases, an example is provided to describe the types of uses and disclosures of your medical information that may be made by us.

In addition to the privacy protections provided under federal law (which are described in more detail below), and except in certain limited circumstances, California law requires us to obtain your written consent (or, under some statutes or rules, written consent from your attorney, guardian, or upon court order) before we can use or disclose your information if you qualify as a patient that:

- Suffers from a sexually transmitted disease;
- Is HIV+ or has Acquired Immune Deficiency Syndrome;
- Suffers from a mental disorder;
- Has a problem with substance abuse;
- Is eligible to receive benefits for the State of California for certain developmental disabilities or mental retardation;
- Receives rehabilitative services through the California Medi-Cal program;
- Is eligible to receive certain other benefits through California’s Medi-Cal program

### **Uses and Disclosures of Protected Health Information**

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, residents, or other health care professionals who are involved in taking care of you. For example, we may disclose your medical information to another doctor or healthcare provider such as a specialist, your primary care doctor, a pharmacist or clinical laboratory) who, at the direction of your doctor, is involved in your treatment or care. California Law may also limit these uses or disclosures of your medical information.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or others. For example, insurance companies may require medical records to pre-authorize a test (such as an MRI), or to process a claim for such tests. Another example is insurance companies requiring documentation to approve coverage of a medication. While we are not obligated to provide them with records to process a superbill, we often do so as a courtesy to the

patient to help facilitate reimbursement directly to the patient. California Law may also limit these uses or disclosures of our medical information.

**For Health Care Operations.** We may use and disclose medical information about you, for health care operations. This is necessary to make sure that all of our patients receive quality care and to support the business operations of our Practices. These uses or disclosures of your medical information may also be limited by California Law.

A few examples of our health care operations are quality improvement, doctor/employee review activities, compliance, and the training of health care professionals. Also included in healthcare operations are the day-to-day tasks that are required to keep our practice functioning and to provide you with quality care.

For example, in the waiting room when your doctor is ready to see you, we will call you by name. In addition, we may contact you (e.g., by telephone or mail) to remind you about an appointment, to provide instructions prior to a diagnostic test or procedure, to provide information about treatment alternatives, or other health-related benefits that may be of interest to you, or to discuss your account.

In such cases, we may leave a message on your answering machine, if available. The departments that may have reason to communicate with you regarding your care include the following:

- Reception/Communications (i.e., appointment reminders)
- Diagnostic Testing
- Authorizations
- Research
- Clinical Services
- Business Office
- Quality Improvement (i.e., patient satisfaction)

### **Uses and Disclosures of Protected Health Information Not Discussed in This Notice**

Uses and disclosures of your medical information that have not been described in this notice will not be made without your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by such permission. However, you should understand that we are unable to take back any actions we have already taken with your permission, and that we are required to retain our records of the care we provided to you.

### **Other Permitted and Required Uses and Disclosures that May Be Made With Your Agreement or Opportunity to Object**

You have the opportunity to agree or object to the use or disclosure of all or parts of medical information about you in the situations discussed in the following paragraph. If you are not present or able to agree or object to the use or disclosure of your medical information in such instances, then your doctor may, using his or her professional judgment, use or disclose your medical information if believed to be in your best interest. California Law may also limit these uses or disclosures of your medical information.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, in an urgent situation we may release medical information about you to a friend, family member, or any other person you identify who is involved in your medical care. We may also give information to someone who helps pay for your care. We may use or disclose medical information about you to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your location, general condition or death.

### **Research**

We may use and disclose medical information about you for research purposes under certain circumstances. We will NOT use your name or photo identification in any research activities. If you do not wish to have any of your

medical information involved in medical research, please inform us of this request. This notice allows you to stop us from research activities using your information at ANY TIME.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

Unless California Law required otherwise, we may use or disclose your protected health information in certain situations without your specific permission or without giving you an opportunity to object. Among these situations are the following:

**Required by Law.** We are permitted to disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** In certain circumstances, we may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**To Notify an Employer of Medical Information Related to an Employee:**

or to evaluate whenever an employee has a work-related injury or illness,  
the use or disclosure of information is related to these purposes,  
the use and disclosure is required for the employer to comply with its legal obligation,  
and the covered entity was providing services at the request of an employer for medical surveillance the employee is given notice that the information will be disclosed (notice can be handed)

**Military and Veterans.** If you are a member of the armed forces, in certain circumstances we may release information about you to an appropriate government body.

**Workers' Compensation.** We may release medical information about you to comply with workers' compensation (or similar) laws.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may in certain circumstances release medical information about you to the correctional institution or law enforcement official.

**Public Health Activities.** We may disclose medical information about you for public health activities. These activities generally include, without limitation, the following:

to prevent or control disease, injury or disability;  
to report births and deaths;  
to report child abuse and neglect;  
to report animal bites;  
to report reactions to medications or problems with products;  
to notify people of recalls or products they may be using;  
to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition, or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities related to the monitoring of the health care system, government programs or compliance with civil rights laws. These oversight activities include; for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes.** In certain circumstances, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Coroners, Medical Examiners and Funeral Directors.** If authorized by law, we may release medical information to a coroner or medical examiner. We may also release medical information to a funeral director, as consistent with

applicable law, in order to permit the funeral director to carry out his or her duties. Also, medical information may be used and disclosed for organ, or tissue donation purposes.

**Protective Services for the President, National Security and Intelligence Activities.** We may disclose medical information about you to authorized federal officials so they may, without limitation, (i) provide protection to the President; other authorized persons or foreign heads of state or conduct special investigations, or (ii) conduct lawful intelligence, counter-intelligence, or other national security activities authorized by law.

### **Your Rights Regarding: Medical Information We Maintain About You**

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. In certain circumstances, you have the right to amend your medical information. Your request for an amendment must be made in writing and submitted to our physicians at the address below. In addition, you must provide a reason that supports your request. We may deny your request for an amendment in certain circumstances.

**Right to Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures that we have made. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer at the address below. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically).

The first list you request within a 12-month period will be free. For additional lists within a single 12-month period, we may charge you for the costs of providing the list. 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.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on how we use or disclose certain medical information about you, including how we use or disclose your medical information for treatment, payment or health care options.

To request restrictions, you must make your request in writing to us. 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; 3) to whom you want the limits to apply.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Policy Officer at the address below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice.** You have a right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you can request a copy at our office at any time.

### **Changes to this Notice**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we receive in the future.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint, and we will seek to deal with all complaints in a reasonable and efficient manner.