



## 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 REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program which requires 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, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

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

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending you a bill in the mail requesting payment for a recent visit.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

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

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. 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 authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request, directed to the attention of the Privacy Officer, at the office of Jane R. Reldan, M.D., Inc.:

- You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- You have the right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- You have the right to request to inspect and copy your protected health information. Your request must be in writing. We may charge you related fees. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we cannot grant your request and describing any rights you may have to request a review of our denial.
- You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. There are certain situations in which we may deny your request. For example, we may deny your request if the information that you wish to amend was not created by us (unless you can demonstrate that the original creator of the information is no longer available to amend it.) We may also deny your request if we believe the information is correct and complete; or if you do not have the right to see and copy the information as described in the preceding paragraph. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, if requested to do so by you in writing.
- You have the right to request to receive an accounting of disclosures of your protected health information. Again, your request must be made in writing. We will then provide you with a list which will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we have the right to charge you a reasonable fee.
- You have the right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new Notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Jane R Reldan, MD, Inc.  
7946 Ivanhoe Ave., Ste 312  
La Jolla, California 92037  
(858) 459-6600

For more information about HIPAA, please contact:

U.S. Department of Health & Human Services  
200 Independence Avenue SW  
Washington, DC 20201  
(202) 619-0257 or (877) 696-6775

You may also wish to find out if the Medical Information Bureau (<https://www.mib.com/>) has any medical records about you in its database. Consumers have the right to obtain one free MIB disclosure per year and can do so by calling the Medical Information Bureau Group's toll free telephone number for disclosure at **(866) 692-6901** or by visiting <https://www.mib.com/disclosuretransfer/disclosureservice/formrequest>. The Medical Information Bureau Group states that it is "committed to the philosophy that every consumer should be entitled to know the contents of his or her record maintained by MIB and has the right to correct any inaccurate or incomplete information in the record." By taking a few minutes to verify the accuracy of any medical information about you that is maintained by MIB, you will be doing your part to ensure that MIB upholds their commitment. For more information, please visit <https://www.mib.com>.