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PRIVACY NOTICE EFFECTIVE DATE: April 14, 2003

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 federal government's Health Insurance Portability and Accountability Act (HIPAA) regulations define Protected Health Information as written and oral health information, including demographic data that can be used to identify you, that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition. Our practice has always been committed to ensuring the privacy of your Protected Health Information. This document will describe the HIPAA regulations about protected health information that may be released *without* a separate authorization from you and the protected health information which *requires* a separate authorization from you before Protected Health Information can be released.

USES AND DISCLOSURES THAT DO NOT REQUIRE AN AUTHORIZATION UNDER THIS NOTICE

TREATMENT:

Our practice may use and disclose Protected Health Information to ensure that you receive treatment specific to your needs. For example, we may use/disclose your Protected Health Information to another provider, hospital, or nursing home to coordinate care for your condition.

PAYMENT:

Our practice may use and disclose your Protected Health Information to obtain payment for services rendered to you. For example, we may release diagnosis information to your insurance company to obtain payment for a hospital or office visit. Additionally we may release copies of progress notes, operative reports, or other documentation as required by your insurance company or medical group. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

HEALTH CARE OPERATIONS:

Our practice may use/disclose your Protected Health Information to facilitate the business operations of our practice. For example, we will share your Protected Health Information with third party business associates who perform certain business activities for our practice. These business associates will appropriately safeguard all Protected Health Information. Additionally we may use your Protected Health Information for quality assessment and improvement activities, review and auditing.

AS REQUIRED BY LAW:

Our practice may disclose Protected Health Information about you to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

PUBLIC HEALTH ACTIVITIES:

We may disclose Protected Health Information to public health authorities authorized to receive this information upon their request or as required by law. Examples of these disclosures include, but are not limited to the following: prevention of or controlling disease, injury or disability, reports of births and deaths, conducting public health surveillance or investigations or interventions, and the abuse or neglect of children, elders or dependent adults. We may also release information to the Food and Drug Administration (FDA) regarding FDA-regulated products or activities. Furthermore we may report, as required by law, persons who have been exposed to a communicable disease or may be otherwise at risk of spreading a disease or condition.

ABUSE:

We may disclose Protected Health Information of an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a government authority (including a social service or protective services agency authorized by law to receive reports of such abuse, neglect, or domestic violence) to the extent the disclosure is permitted or required by law and to the extent the disclosure complies with and is limited to the relevant requirements of such law or if you agree to the disclosure. We must promptly inform you that such a report has been or will be made, unless we believe informing you would put you or others at risk of serious harm.

HEALTH OVERSIGHT ACTIVITIES:

We may disclose Protected Health Information to health oversight agencies as authorized/required by law including: audits; civil, administrative or criminal investigations; inspections, licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight.

LAWSUITS:

We may use and disclose Protected Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, subpoena, discovery request, or other lawful process, if we receive assurance that reasonable efforts have been made to give you notice of this request.

LAW ENFORCEMENT PURPOSES:

We may disclose Protected Health Information for law enforcement purposes to law enforcement officials: in response to a court order, subpoena, warrant or summons; to identify and locate a suspect, fugitive, material witness or missing person; about the victim of a crime; about a death that may have been caused by criminal activity; about a crime on our premises; in an emergency; and as otherwise required by law.

CORONERS AND MEDICAL EXAMINERS:

We may disclose Protected Health Information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

ORGAN DONATIONS:

We may disclose Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

RESEARCH:

We may use or disclose de-identified Protected Health Information for research, regardless of the source of the funding of the research, provided that an Institutional Review Board or Privacy Board has presented an alteration to or waiver of an authorization needed for use and disclosure of Protected Health Information.

SERIOUS THREATS TO HEALTH AND SAFETY:

We may, consistent with applicable law and standards of ethical conduct, use or disclose Protected Health Information, if we, in good faith, believe that this use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or that the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or that the disclosure is necessary for law enforcement authorities to identify or apprehend the suspect.

MILITARY AND VETERANS:

If you are an American or foreign Armed Forces personnel we may release Protected Health Information as required by appropriate military command authorities.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:

We may disclose Protected Health Information to authorized Federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:

We may disclose Protected Health Information to authorized federal officials for the provision of protective services to the President or other persons, to foreign heads of state, or for the conduct of investigations.

INMATES AND CORRECTIONAL FACILITIES:

An inmate does not have a right to this Privacy Notice under the HIPAA Privacy Regulation Text. We may disclose Protected Health Information to a correctional institution or law enforcement official having lawful custody of an inmate, if the Protected Health Information is necessary for the provision of healthcare to the inmate, the health and safety of that inmate or others at the correctional facility.

WORK-RELATED ILLNESS OR INJURY:

Our practice may release Protected Health Information that is relevant to work-related illness or injury.

CALIFORNIA'S CANCER REPORTING SYSTEM:

If you are diagnosed and/or receive treatment for cancer, your information will be reported to Region 9 of the California Cancer Registry. All information collected by the California Cancer Reporting system is subject to strict confidentiality provisions.

FAMILY MEMBERS, OTHER RELATIVES OR CLOSE PERSONAL FRIENDS OR OTHERS DESIGNATED BY YOU TO BE INVOLVED IN YOUR CARE:

We may disclose to the above people the Protected Health Information directly relevant to their involvement with your health care or payment related to your health care. You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your Protected Health Information as described.

APPOINTMENT REMINDERS:

Our practice may use your Protected Health Information to notify you in writing or by phone about an appointment for medical care.

DISASTER RELIEF:

We may disclose Protected Health Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

TREATMENT ALTERNATIVES, HEALTH-RELATED PRODUCTS OR SERVICES:

Our practice may use/disclose your Protected Health Information to tell you about or recommend possible treatment options or alternatives to you.

YOUR RIGHTS AS A PATIENT UNDER THIS NOTICE:

REQUESTS FOR RESTRICTIONS OF USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

You may request, in a written notice to our Privacy Officer, that our practice restrict the uses and disclosures of your Protected Health Information for treatment, payment or health care operations. However, our practice is not required to agree to your restriction, and, even if we agree to a restriction today, it may be withdrawn by notifying you in writing at a later date. Additionally, your request to restrict the use or disclosure of your Protected Health Information does not apply to disclosures which are required by law. Furthermore, the requested restriction (if it is agreed to) will only affect future releases of information. Your request must state the specific restriction requested and to whom you want the restriction to apply. If you wish to terminate a restriction on release of your Protected Health Information, it must be done in writing. Requests must be made in writing to our Privacy Officer.

REQUESTS FOR COMMUNICATIONS OF PROTECTED HEALTH INFORMATION BY ALTERNATIVE MEANS OR AT ALTERNATE LOCATIONS:

If you wish to receive information from our practice at a location other than the home address provided on your Patient Information Sheet or by a certain method or means, you must complete a written request, and provide complete address information. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer. We will accommodate all requests where it is reasonable to do so.

INSPECT AND OBTAIN A COPY OF PROTECTED HEALTH INFORMATION:

You have the right to inspect and to have copies of your Protected Health Information except for psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; certain types of research information while the research is in progress; and other information which is restricted for other reasons. We will charge you a fee for the costs incurred by us in complying with your request. Your request to review and/or have copies of your Protected Health Information must be in writing and be submitted to our Privacy Officer. In very rare instances your request to inspect and to have copies of your Protected Health Information may be denied or limited. In this case, you have the right to appeal the decision and to a review of the decision by another licensed health care professional. The decisions made will comply with the guidelines provided in the HIPAA legislation. Requests must be made in writing to our Privacy Officer.

REQUEST AN AMENDMENT TO PROTECTED HEALTH INFORMATION:

You may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain this information. Your request must be in writing, must be addressed to our Privacy Officer and must define the reasons to support your request. We have up to 60 days to review your request and to determine if the requested amendment will be made. You will be notified in writing about the acceptance or denial of your request. If your request for an amendment is agreed to, the amendment will be made to your record and reasonable efforts will be made to notify those persons you identify as needing to have copies of the amendment.

If your request for an amendment to your Protected Health Information is denied, you may submit a written statement not to exceed 250 words disagreeing with the denial which will be kept as a part of your Protected Health Information and may be released with other Protected Health Information upon your written request.

ACCOUNTING OF DISCLOSURES:

You have the right to make a written request for a list of certain disclosures of your medical information by our practice for purposes other than treatment, payment or health care operations. Your written request must be submitted to our Privacy Officer, and it must specify the time period requested for the accounting. You may request an accounting of information released for up to a 6-year period, but this period may not begin prior to April 14, 2003. We have up to 60 days to provide you with the requested accounting. If we are unable to comply, within this time, we will extend it by no more than 30 days. We will provide the first accounting during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

COPIES OF THIS NOTICE:

You have the right to receive a paper copy of this notice, even if you first received this notice electronically. Our Privacy Notice is also posted prominently in our office. This Privacy Notice is available to anyone upon request. Please contact our Privacy Officer for additional copies of this notice.

RIGHT TO FILE A COMPLAINT:

If you have a complaint about the manner in which your Protected Health Information has been managed, you may complain in writing to our Privacy Officer and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Written complaints against the provider can be mailed to the Privacy Officer at the address below.

**USES AND DISCLOSURES THAT REQUIRE AN AUTHORIZATION
UNDER THIS NOTICE**

OTHER USES AND DISCLOSURES REQUIRING AN AUTHORIZATION:

Other uses and disclosures of Protected Health Information will be made only with your written authorization. Our use or disclosure must be consistent with an authorization obtained for that purpose. You may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer disclose medical information restricted in your authorization. However, you must understand that any information previously released under your authorization, cannot be taken back.

OUR REQUIREMENTS AS A COVERED ENTITY UNDER THIS NOTICE

REVISIONS TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We are required to promptly revise, post, and distribute our notice whenever there is a material change to the uses or disclosures, individual patient rights, our legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected. Our practice is required to abide by the Privacy Policy Notice provisions currently in effect.

CONTACT:

For further information or questions about this notice and any of our privacy practices, please contact our Privacy Officer at the address and phone listed below:

Privacy Officer
Michael Gottlieb, M.D., FACS
5601 Norris Canyon Road #220
San Ramon, CA 94583
(925) 277-1117

Michael M. Gottlieb, M.D., FACS

RECEIPT OF PRIVACY NOTICE

Your signature below states that you have received a copy of our practice's privacy notice. This acknowledgement will be kept in your chart.

Signature of Patient or Personal Representative

Date

Printed Name

Date of Birth

Personal Representative's relationship to the patient: