

# Notice of Privacy Act

Notice responsibilities to safeguard your protected health information and terms of care.

We are required by law to provide you with this notice about the clinic practices and explain how, when, and why we use and disclose your health care information. With some exceptions, we may not use or disclose any more than the minimum necessary protected health information to accomplish the purpose of the use of this disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the protected health information we already have. Before we make any important change to our policies we will promptly change this notice and post a new notice in all reception areas. You may also request a copy of this notice from the privacy officer.

How your protected health care information may be used.

We use health care information about you for treatment purposes, obtain payment for treatment, and for healthcare operations.

For some of these uses or disclosures, we do not need your prior consent. Below we describe the different categories of our uses and disclosures that do not need your consent and give you some examples in each category.

**For treatment:** Information obtained by your providers, the Doctor of Nurse Practice Degree, Certified Family Nurse Practitioner, Sonja Fontana, (DNP, FNP-C), or Doctor of Osteopathic Medicine Degree, Martin Falappino (DO), or other members of your healthcare team will be recorded in your electronic medical record and used to determine the course of treatment that should best work for you. A picture will be taken as part of your electronic permanent record (EPR). Members of your healthcare team will then input the data about actions they took and their observations. That way, your providers will know how you are responding to the treatment. We will also provide your providers with copies of various reports. If you were treated as an outpatient, we provide your test results to the ordering provider via fax, email or courier.

**To obtain payment for treatment:** We may use and disclose your protected health information in order to bill and collect payment for the treatment and services provided to you. We may provide portions of your EMR protected health information to our business associates, such as billing companies, claim-processing companies, and others that process our healthcare claims. We may also release data to other providers that performed a service to you while you here, (ambulance, radiologist, and anesthesiologist, etc.).

We will electronically bill your insurance for to know if we are contracted providers under your insurance. If we are not contracted you but it is your responsibility providers then you will be responsible for the full dollar amount.

**Healthcare Operations:** Healthcare operations are certain administrative, financial, legal and quality improvement activities that of a covered facility that are necessary to run its business and to support the core functions of treatment and payment. Here are a few activities that would under healthcare activities.

Conducting quality assessment and improvement activities:

Conducting or arranging for a medical review, legal and auditing services including fraud and abuse. Patients that are retaining services for other purpose than their health and wellbeing, for instance, employees of a regulatory service must disclose this to their provider on their first meeting. Business planning and development, such as convicting cost-management and planning analysis related to hanging and operating the facility.

By state and federal law we may be required to report certain circumstances, wherein may use disclose your protected health information your authorization. Below are a few of those examples:

When a disclosure is required by Federal, State or Local Law, Judicial or Administrative Proceedings for Law Enforcement: We make disclosures when a law requires that we report the information to government agencies and law enforcement personnel about victims of abuse, neglect, violent crime, or domestic violence; also when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

You have the right to get a list of instances in which you have disclosed your protected health information. The list will not include the disclosures made for treatment, payment, or healthcare operations, directly to you, to your family, or in our facility directory. The list will also not include disclosures made from national security purposes, to corrections, for law enforcement personnel.

We will respond within 60 days of receiving your request. The list we give you will include disclosures mad in the last six years unless you request a shorter time. The list will include the date of the disclosures and to whom your protected health information was disclosed. We will provide a list to you at no charge, but if you make more than one request in a 12-month period, we will charge you \$30.00 for each additional request.

If you believe that there is a mistake in your protected EMR or that a piece of important data is missing, you have the right to request that we correct the existing information or add the missing data. You must provide your request and your complete reason for the request in writing. We will respond within 60 days of receipt. If the provider is unable to act on the amendment within 60 days, the provider may extend the time for action by no more than 30 days. The provider must the individual a written statement and the reason for the delay. We may deny your request in writing if the protected information

is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request your request and our denial be attached to all future disclosures of your protected health information. If we approve your request, we will make the change in your protected health information, tell you that we have made done it, and others that need to know about the change to your protected health information.

By signing below you authorize Sonja Fontana, DNP, FNP, Martin Falapinno, DO, and/or their staff to get any medical records from another provider, laboratory, hospital and/or other facility that enables us to better improve your health care. You have the right to get a paper copy of this notice. In the event you have any concerns about the items above please seek private council prior to executing this agreement. If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information you may file a complaint with the person listed below. You may also send a written complaint to the secretary of health and Human Services at the following address:

Office of Civil Rights

The U.S. Department of Health and Human Services  
200 Independence Avenue  
S.W. Room 515 HHH Building  
Washington, D.C 20201

(202) 619-0257 or toll free  
(877) 696-6775

We will take no retaliatory action against you if you file a complaint about our privacy practices.

Oakview Medical Group  
1011 N. Demaree Street  
Visalia, CA 93291

Please sign and date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date