

CERTAIN DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

For any purposes other than the ones described previously, we may only use or disclose your PHI when you grant us your written authorization. Some of the following examples would require your written authorization:

- ❖ Sending health information to your life insurance company.
- ❖ Information regarding mental health services/issues.
- ❖ HIV/AIDS testing, diagnosis, or treatment.
- ❖ About child abuse or neglect unless specified by law.
- ❖ About domestic, violence, elder abuse, and sexual assault unless specified by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

Request special privacy restrictions.

You have the right to request restrictions on certain uses and disclosures of your PHI, by a written request. You may request that we not disclose your health information to family members. We reserve the right to accept or reject your request and will do so in writing.

Request confidential communications.

You may ask that we communicate with you at a location other than your home or by different means such as telephone or mail. We will make every attempt to accommodate *reasonable* requests.

Inspect and receive a copy of your health record.

You must submit your request in writing to be granted access to inspect and/or copy your health information. This service is performed by a contracted copier for a reasonable fee, as allowed by California law. We may deny your request in certain limited circumstances, but you may request a review of our denial.

Request a correction/amendment to your records.

If you believe that the health information we have about you is incorrect or incomplete, you may request that it be amended. You must make a written request including reason you believe the information is inaccurate or incomplete. We may deny your request if we do not have the information, did not create the information (unless the person who created it is no longer available to make the amendment), or if the information is accurate and complete as it is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item that you believe to be incomplete/inaccurate.

Receive an accounting of disclosures made.

All disclosures not related to treatment, payment, health care operations, and notification and communication with family must be accounted for. Any other disclosures made will be documented.

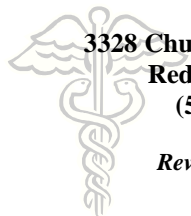
File a complaint.

Complaints may be filed with our office if you believe that your privacy rights have been violated. There will be no retaliation for filing a complaint.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to Department of Health and Human Services Office of Civil Rights.

Receive a paper copy of this notice of Privacy Practices.

Revisions to this notice will be dated and posted in our waiting area and a copy will be made available to you. We reserve the right to amend this notice. To request more information or report a problem, please contact our privacy officer at:



**3328 Churn Creek Rd. Suite A
Redding, CA 96002
(530) 222-0895**

Revised March 2010



Notice of Privacy Practices

James B. Vogus, M.D.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. Each time you visit our practice, a record of the visit is made. Typically, this contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care. It serves as a plan for your treatment, and a source of communications between health care professionals. It also provides information for Medicare or private insurance payers to verify services that are billed. We are required by law to maintain the privacy of protected health information (PHI) and to provide notice of our privacy practices with respect to PHI. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations

HOW WE MAY USE OR DISCLOSE INFORMATION ABOUT YOU.

We maintain your medical information in a chart and store it on the computer. This medical record is the property of this medical practice, but the information in the record belongs to you. The law permits us to use or disclose your PHI for the following reasons.

Treatment Purposes

We may use information about you to provide medical care. We may disclose your health information to other health care providers who need that information to treat you. We may share this information with pharmacists who need it to dispense a prescription to you or to a laboratory that performs a test. We may also share information with members of your family who can help when you are sick.

Payment Purposes

If you have private insurance or Medicare, we may disclose health information about you so we can bill your health plan for our services.

Health Care Operations

We may use and disclose your health information for health care operations. These are necessary to operate this practice and to make sure that all of our patients receive quality care. For example, we may use or disclose this information to review and improve the quality of care we provide. Also, we may require the services of business associates to improve our health care functions. We require all business associates to sign a contract to protect your health information as required by federal law.

Appointment Reminders

We will use and disclose your health information to contact you as a reminder about scheduled appointments. If you are not home, we may leave this information on your answering machine or in a

message left with the person answering the phone unless we are instructed to do otherwise.

Notification and Communication with Family

We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Required by Law

We will use and disclose your health information when required to do so by federal, state, or local law. This includes disclosures for use in court, or to law enforcement officials, or if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes. We are also required by California state law to report any lapses of consciousness.

Public Health Risks

We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting to FDA problems with products and reactions to medications; and reporting disease or infection exposure.

Health Oversight Activities

We are required by law to disclose protected health information to the Secretary of HHS to investigate or determine compliance with HIPAA privacy standards.

Judicial and Administrative Proceedings

We may and are sometimes required to disclose your information in the course of any administrative or judicial proceeding.

Law Enforcement

We may and are sometimes required by law to disclose your information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person complying with a court order, warrant, grand jury subpoena, and other law enforcement agencies.

Coroners and Organ or Tissue Donation

We may use or disclose the health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Military and Other Specialized Government

We may disclose your health information if you are a member of the United States or foreign military forces (including veterans) if required by law. We may also disclose information to correctional institutions that have you in their lawful custody.

Worker's Compensation

We may disclose your information as necessary to comply with worker's compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

Change of Ownership

In the event that this medical practice is sold/merged, your health information will become property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.