Notice of Privacy Practices

How this Practice May Use or Disclose Your Health Information

This medical practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment: We use the medical information about you to provide your medical care.
Payment: We use and disclose medical information about you to obtain payment for services.
Health Care Operations: we may use and disclose this information to operate this medical practice.
Appointment Reminders: We disclose limited health information when we call to confirm appointments. If you are not home we may leave this information on your answering phone.
Sign In Sheet: We disclose limited medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
Notification and Communication with Family: We may disclose your health information, laboratory results, radiology results to notify a family member or your personal representative responsible for your care.
Marketing: We may contact you to give information about products or services related to your treatment. We will not disclose your medical information without your written authorization.
Required by Law: We may disclose medical information such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.
Public Health: We may, as required by law, disclose your health information to public health authorities for purposes related to: preventing and controlling disease, injury, child abuse, elder abuse, neglect, disability, etc.
Public Safety: We may disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
Health Oversight Activities: We are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensing and other proceedings, subpoenas, discovery requests or other lawful processes.
Law Enforcement: We may disclose your health 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 purposes.
Coroner: We may disclose your health information to coroners in connection with their investigations of deaths.
Organ or Tissue donation: Consistent with Federal and State law, we may disclose health information for tissue and organ procurement.
Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws.
Change of Ownership: In the event that this medical group is sold or merged with another organization, your health information/ record will become the 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.
Research: We may use and disclose health information about you for research purposes. All research projects are subject to approval by an Institutional Review board or privacy board, in compliance with governing law.

When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information that identifies you without your written authorization. You may revoke your authorization at any time by notifying us in writing however, health information already sent out under that authorization has to be honored.

Your Health Information Rights

*Right to request Special Privacy Protections, in writing, on certain use and disclosures of your medical information, with the exception of emergency situations. We will consider your request, but we are not legally required to agree to a requested restriction.
*Right to Request Confidential Communication. We will comply with all reasonable requests submitted in writing.
*Right to Inspect and Copy your records with limited exceptions by written request.
*Right to Amend or Supplement your record, in writing, if you believe it is incorrect or important information is missing. We can deny this request if we feel the record is accurate.
*Right to an Accounting of Disclosures except where stipulated in this privacy notice, in writing, with time period desired.
*Right to receive a copy of our current Notice of Privacy Practice in paper form.

We reserve the right to amend this Notice of Privacy Practices at any time. Until such amendment is made we are required by law to comply with this notice. After an amendment is made the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

Complaints

Questions related to this privacy Notice or how Coast Neurosurgical Office handles your health information should be directed to our Privacy Officer at 562 595-7696 ext.18 or at our office address: 2888 Long Beach Blvd Ste #240, Long Beach, CA 90806. If you are not satisfied with the manner in which this office handles a complaint you may submit a formal complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint. (2019)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

COAST NEUROSURGICAL ASSOCIATES

I hereby acknowledge that I have read a copy of this medical practice's **Notice of Privacy Practices**. I further acknowledge that a copy of the current notice was offered to me and I will be offered a copy of any amended *Notice of Privacy Practices* at a subsequent appointment following the amendment.

It may be necessary to contact you by phone. Please list the number(s) below you wish us to call:

Cell (__________)______________________________ Home (____________)_______________________________
Wk. (______________)____________________

May we leave messages about appointments, lab results, radiology results, etc., or other medical information on an answering device, or with another person answering the phone at that number?

YES ( ) NO ( )

Name and phone number of an emergency contact person not living with you:

OK to leave messages?

YES ( ) NO ( )

Name:____Ph. #(____)__________________________

Relationship:_______________________

Name and phone number of individuals who you give Coast the right to speak with regarding your medical condition/history/plan, if any:

Name:____Ph. #(_______)_________________________

Relationship:_______________________

Name:____Ph. #(_______)_________________________

Relationship:_______________________

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Signature **Print Patient Name**

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Date

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2019