



## 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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Official Brooke Barbara at (408) 842-0278 extension 333.

### Uses and Disclosures

**Treatment-** Your Health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment** - Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

**Healthcare Operations** - Your health information may be used as necessary to support the day-to-day activities and management of Joseph C. Barbara MD, Inc. For example, information on the service you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law Enforcement** - Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting** - Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other Uses and Disclosures Require Your Authorization** - Disclosure of your health information or its use for any purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

#### **Additional Uses of Information**

**Appointment Reminders** - Your health information may be used to contact and remind you about 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.

**Sign-in Sheet** - We may use and disclose 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** - Your health information may be used 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. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. 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.

**Information about treatments** - Your health information may be used to send you information on the treatment and management of your medical condition that you find interesting. We may also send you information describing other health related products and services that we believe may interest you.

**Required by Law** - As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence or reasons to judicial or administrative proceedings, or law enforcement officials, we will further comply with requirement set forth below concerning those activities.

**Public Health** - 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 child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**Health Oversight Activities** - Your health information may be used to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

**Judicial and Administrative Proceedings** - Your health information may be disclosed in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information in response to a subpoena.

**Law Enforcement** - We may disclose your health information to a law enforcement official for purposes such as identifying of location a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**Coroners** - We may disclose your health information to coroners in connection with their investigations of deaths.

**Public Safety** - We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Specialized Government Functions** - We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

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

**Change of Ownership** - In the event that this medical practice is sold or merged with another organization, your health information/record will become the property to the new owner, although you will maintain the right to request that copies of your information be transferred to another physician or medical groups.

**Research** - We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved 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 which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to received confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

### **Joseph C. Barbara MD, Inc Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and parties outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

**Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in the federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Request to Inspect Protected health Information**

You may generally inspect or copy protected health information that we maintain. As permitted by federal regulations, we require that your request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Brooke Barbara Privacy Official. Your request will be reviewed and will generally be approved unless there are any legal or medical reasons to deny request.

**Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Brooke Barbara, Privacy Official  
Joseph C. Barbara MD, Inc  
7880 Wren Ave C133  
Gilroy, CA 95020

If you believe that your privacy rights have been violated, you should call the matter to attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

**Contact Person**

Brooke Barbara, Privacy Official  
Joseph C. Barbara MD, Inc  
7880 Wren Ave C133  
Gilroy, CA 95020

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  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W. Room 509F HHH Building  
Washington, DC 20201

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT**

I HAVE RECEIVED THIS OFFICE'S NOTICE OF PRIVACY PRACTICES

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices as required by law, but acknowledgment could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited acknowledgement

\_\_\_\_\_ An emergency situation prevented acknowledgment

\_\_\_\_\_ Other (please specify)