

COMMUNITY MEDICAL GROUP OF RIVERSIDE

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF COMMUNITY MEDICAL GROUP) MAYBE BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice please contact our privacy officer:

Mrs. Deanna Silvers, Dir Patient Services
4444 Magnolia, Riverside, CA 92501
(951) 682-5661

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control you protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. Our practice is dedicated to maintaining the privacy of your PHI.

We are required to abide by the terms of this Notice of Privacy Practices. We may revise or amend the terms of our notice, at any time. The new notice will be effective for all PHI that we have at that time and for future information. We will post our current Notice in our office in a visible location at all times and upon your request, we will provide you with any revised Notice.

1. Uses and Disclosures of PHI for Treatment, Payment & Healthcare Operations.

Under HIPAA regulations, we do not need to obtain permission to use PHI for treatment, payment and healthcare operations. However, several California state laws require patient consent before PHI is used or disclosed by healthcare providers. We may use and disclose your PHI for the following purposes:

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party.

For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

Payment: Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend to you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, certain fundraising activities within our practice and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in-sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

We will share your PHI with third party “business associates” that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Appointment Reminders: We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Treatment Options and Services: We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we will get a written authorization from you for further marketing purposes.

2. Uses and Disclosures To Which You Can Object

We may use and disclose your PHI in the following instances, for which you will have the opportunity to object.

Facility Directories: (if applicable to practice): Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall allow you to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

3. Uses and Disclosures For Which We will Obtain Your Written Authorization:

Psychotherapy Notes: We may only disclose your psychotherapy notes for limited purposes such as carrying out treatment. For other purposes we will obtain your written consent.

Marketing: For most marketing purposes we will obtain your written consent; exceptions include if the product or service is directly treatment related, discussed face to face or given as a promotional gift of nominal value.

4. Uses And Disclosures For Which And Authorization Or Opportunity To Agree Or Object To Is Not Required:

We may use or disclose your PHI without an authorization or an opportunity to object in the following situations:

Required by Law: We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance as required.

Maintenance of Vital Records: We may report data such as births and deaths.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Otherwise, we will ask for a written authorization from you.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose our PHI if we believe that the 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary to appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with state workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 145 CFR Section 164.500 et seq. Disclosures required by California State Law: California Law requires reporting in the following cases: child abuse; abuse, neglect or exploitation of vulnerable adults; fire-arm related injuries; communicable diseases; fetal deaths; cancer, lead poisoning, blood-alcohol reporting; duty to warn of harm cases. We will disclose information limited to the relevant requirements of the law.

5. Your Individual Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

The Right To Inspect And Copy Your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. This may not include psychotherapy notes. You must submit your request in writing to the privacy officer identified above in this Notice, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Please contact the privacy officer named above in this Notice if you have questions about access to your medical records.

The Right To Request A Restriction Of Your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you wish to request with your physician. You may request a restriction by [describe how patient may obtain a restriction.]

The Right To Request That Our Practice Communicate With You About Your Health And Related Issues In A Particular Manner Or At A Certain Location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to [insert name, or title, and telephone number of a person or office to contact for further information] specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

The Right To Request an Amendment of Your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, for example if we think the information is correct, or was not created by our practice, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our privacy officer to determine if you have questions about amending your medical record. To file an amendment, your request must be in writing and must be submitted to our privacy officer.

The Right To Receive An Accounting Of Certain Disclosures We Have Made, If Any, Of Your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Accounting is not required for disclosures we may have made to you, incidental disclosures, disclosures you have authorized, disclosures for a facility directory, disclosures to family members or friends involved in your care, or disclosures made to carry out treatment, payment or healthcare operations. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003 up to a six-year timeframe. You may request a shorter timeframe. The right to receive this information is subjective to certain exceptions, restrictions and limitations.

In order to obtain an accounting of disclosures, you must submit your request in writing to [insert name, or title, and telephone number of a person or office to contact for further information]. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

The Right To A Paper Copy Of This Notice. You are entitled to receive a copy of our notice of privacy practices even if you have agreed to receive an electronic copy of the Notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of his notice, contact our privacy officer identified above.

The Right To File A Complaint If You Believe Your Privacy Rights Have Been Violated. You may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the privacy officer at the address identified above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

6. Our Obligations.

Our practice is required by law:

to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices with respect to PHI;

to abide by the terms of this notice as currently in effect; and

if we change a privacy practice that is described in this notice, to provide individuals with a new notice prior to effecting the proposed change in privacy practices.

7. Effective Date.

This notice was published and became effective on April 14, 2003, and was revised July 17, 2009. Our practice reserves the right to change the terms of this notice and to make a new notice provisions effective for all PHI that we maintain.

Acknowledgement of Notice Form

Acknowledgement of Receipt of Notice of Privacy Practices.

I, the undersigned individual, have received a copy of this Notice of Privacy Practices from Community Medical Group of Riverside.

Signature of Patient

Date

MEDICAL RECORD NUMBER: _____

Authorization For Use Or Disclosure of Protected Health Information

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) and California law, Community Medical Group of Riverside (CMGR) may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed. You may wish to ask the person or entity you want to receive your information to complete the sections detailing the information to be released and the purposes for the disclosure.

I, _____,
(patient name)

(address) Date of Birth

hereby authorize CMGR to use and disclose my personal health information as follows:

Health information to be used or disclosed (check only one box):

Any and all information other than psychotherapy notes may released, including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below:

All psychotherapy notes may be released, except as specifically provided below:

This health information may be disclosed to:

Title:(Physician, Therapist, Attorney) Name of person or entity to receive Info.

Address City State Zip Code Telephone number

Dates: (From: _____ To _____)

The information maybe used only for the following purposes (if you do not want to explain the purpose, write "At the request of the individual").

I understand that CMGR may not condition my treatment on whether I sign the authorization, unless the treatment is for research, or solely for the purpose of creating protected health information for disclosure by CMGR to a third party. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA privacy regulations.

If you are a patient requesting copies of your medical records, there is a fee of \$0.25 per page.

Date

Signature of Patient or Patient's Representative