

HIPAA Notice of Privacy Practices

PulmoCrit Associates • (844) 428-5864 • pulmocrit.com

Effective Date: April 14, 2003

How This Medical 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 medical information about you to provide your medical care. We may share your medical information with other physicians, health care providers, pharmacists, or labs involved in your care. We may also disclose medical information to family members who can help you when you are sick or injured.

Payment

We use and disclose medical information about you to obtain payment for the services we provide, including providing your health plan with required information before it will pay us.

Health Care Operations

We may use and disclose medical information to review and improve the quality of care we provide, for legal services, audits, fraud detection, and business planning. We may share your information with business associates (such as our billing service) who are contractually required to protect your information.

Appointment Reminders

We may use and disclose medical information to contact and remind you about appointments, including leaving messages on your answering machine.

Notification and Communication with Family

We may disclose your health information to notify a family member, personal representative, or other person responsible for your care about your location or general condition. You will be given the opportunity to object prior to such disclosures when possible.

Required by Law / Public Health / Law Enforcement

We will disclose your health information as required by law, including for public health purposes, reporting abuse or neglect, responding to judicial or administrative proceedings, and law enforcement purposes, subject to applicable limitations.

Fundraising

We may contact you for fundraising activities using basic demographic and treatment information. You may opt out at any time by contacting our Privacy Officer.

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

Except as described in this Notice, this medical practice will not use or disclose health information which identifies you without your written authorization. You may revoke your authorization in writing at any time.

Your Health Information Rights

Right to Request Special Privacy Protections: You may request restrictions on certain uses and disclosures of your health information.

Right to Request Confidential Communications: You may request that we communicate health information to you at a specific location or in a specific way.

Right to Inspect and Copy: You have the right to inspect and copy your health information, with limited exceptions. A reasonable fee may apply.

Right to Amend or Supplement: You may request that we amend health information you believe is incorrect or incomplete.

Right to an Accounting of Disclosures: You may receive an accounting of disclosures of your health information made by this practice,

subject to certain exceptions.

Right to a Paper or Electronic Copy of this Notice: You have the right to a paper copy of this Notice upon request.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice at any time. The revised Notice will apply to all protected health information we maintain. A copy will be available at each appointment.

Complaints

Complaints about this Notice or how we handle your health information should be directed to our Privacy Officer. If you are not satisfied, you may submit a formal complaint to: OCRMail@hhs.gov

Patient Signature:

Date:

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