



## **HIPAA, Health Insurance Portability and Accountability Act Protecting Your Confidential Health Information is Important to us**

### **Our Responsibility**

- I. The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain when we provide you care. It also includes bills, insurance claims, or other payment information that we maintain related to your care. This Notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to maintain the privacy of your health information as required by law; provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain; and follow the terms of our Notice currently in effect.

### **Contact Information**

- II. After reviewing this Notice, if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the privacy officer at 510-856-4800

### **Uses and Disclosure of Information**

- III. **Under federal law, we are permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations.** Participants in this organized health care arrangement also share health information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement. We may share the minimum amount of personal health information necessary for business associates performing services on our behalf.

### **Your Health Information Rights**

- IV. As described
  - Request that we restrict certain uses and disclosures of your health information; we are not, however, required to agree to a requested restriction.
  - Request that we communicate with you by alternative means, such as making records available for pick-up, or mailing them to you at an alternative address, such as a P.O. Box. We will accommodate reasonable requests for such confidential communications.
  - Request to review, or to receive a copy of, the health information about you that is maintained in our files and the files of our business associates. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
  - Request that we amend the health information about you that is maintained in our files and the files of our business associates. Your request must explain why you believe our records require amendment. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement disagreeing with the decision. This statement will be added to your records.
  - Request a list of our disclosures of your health information. This list, known as an “accounting” for disclosures, will not include certain disclosures, such as those made for treatment, payment, or health care operations. We will provide you the accounting free of charge, however if you request more than one accounting in any 12 month period, we may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested. We will be unable to provide you an accounting for any disclosures made before
  - Request a paper copy of this Notice. In order to exercise any of your rights described above, you must submit a written request to our office. If you have questions about your rights, please speak with our contact person, available by phone or email during normal office hours.

### **To Request Information or file a Complaint**

- V. If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to our contact privacy officer at 510-856-4800.

### **Revisions to this Notice**

- VI. We reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in the Notice, we will promptly distribute the revised Notice, post it in the waiting area of our offices, make copies available to our patients and others, and post it on our website.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Castro Valley Open MRI. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice’s legal duties with respect to my information.

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**Patient Signature**

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**Date**