

Notice of Privacy Practices

Timothy S. Johnston, MD & Associates

Main Office: 3349 G Street, Suite F, Merced, CA 95340
Privacy Officer: Rebecca Tucker, Administrator Phone: (209) 349-8459

Effective Date: September 23, 2013

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 and health 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 and surgery center properly. We are required by law to maintain the privacy and security of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical and health 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 Officer listed above.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We collect health information about you and store it in a chart, on a computer, and/or in an electronic health record using a computer. This is your medical record. The medical record is the property of this medical organization, 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.

Disclosure At Your Request: We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

Treatment: We use medical information about you to provide your medical care. We disclose medical information to your physician, our employees, and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide, or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you with your medical condition or care.

Payment: We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose health information to other health care providers to assist them in obtaining payment for services they have provided to you. We may tell your health plan information they require when prior authorization is needed to receive approval for payment for a treatment or service.

Health Care Operations: We may use and disclose medical information about you to operate this medical organization. For example, in our ongoing continuous quality improvement program, we may use and disclose this information with authorized members of our staff in reviewing the care provided, and to be assured of the competence and qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including reviews to assure compliance with applicable regulations, and other business and management related purposes. We may share your medical information with our business associates, such as our compliance and billing consultants, that perform services for us. We have written agreements with our business associates that require them to protect the confidentiality and

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Specialized Government Functions: We may disclose your health information for military or national security purposed or to correctional institutions or law enforcement officials that have you in their lawful custody.

Workers' Compensation: We may disclose medical information about you for Workers' Compensation or similar work-related programs providing benefits. We may be required to make periodic reports to your employer about your condition.

Change of Ownership: In the event that this organization is sold or merged with another organization, your health information and 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 disclose your health information to researchers conducting research with respect to which your written authorization is not required in compliance with governing law.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law.

WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Written Authorization: Except as described in this Notice of Privacy Practices, consistent with our legal obligations, we will not use or disclose health information which identifies you without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

YOUR HEALTH INFORMATION RIGHTS

Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your health information, with limited exceptions. This includes medical and billing records. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee allowed by California law which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

Right to Amend or Supplement: You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about our denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or

security of your protected health information. We may also share your information with your health plan when required. We may share your information with organizations conducting accreditation and licensing surveys of our organization. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their accreditation, certification, or licensing activities, or their health care fraud and abuse detection and compliance efforts.

Appointment Reminders: We may use and disclose medical information 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.

Appointment: After arriving at our office and checking in with the receptionist, we may call out your name when we are ready to see you.

Individuals Involved in Your Care: We may disclose medical information about you to a family member, friend, or representative who is involved in your medical care. We may give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may tell your family, friend, or representative responsible for your medical care about your general condition. 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. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate notification efforts. If you are unable or unavailable to agree or object, we will use our best judgment in communication with your family or others.

Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about special events, products or services related to your treatment, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may recommend to you a product or service when we see you. We may describe products or services provided by this organization, including ones for which we may be paid. We may tell you which health plans our organization participates in. We will not use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. We will stop any future marketing activity to the extent you revoke that authorization.

To Avert a Serious Threat to Health or Safety: We may be 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 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.

Health Oversight Activities: We may disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to limitations imposed by applicable law.

Required by Law: We will disclose medical information about you when required to do so by applicable law.

Law Enforcement: We may be required by law to disclose your health information to a law enforcement official during the course of an investigation, warrant, court order, grand jury subpoena, or other lawful purpose.

Judicial and Administrative Proceedings: We may be required by law to disclose your health information in the course of a judicial or administrative proceeding to the extent authorized by a court or administrative order.

Coroners: We may disclose your health information to coroners or medical examiners in connection with their investigation of deaths.

Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this organization, except that this organization does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the above paragraphs titled Treatment, Payment, Health Care Operations, Individuals Involved in Your Care, and Specialized Government Functions, or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this organization has received notice from that agency or official that providing this accounting would reasonably likely to impede their activities.

Right to a Paper or Electronic Copy of this Notice: You have a right to a copy of this notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

COMPLAINTS

Complaints about this Notice of Privacy Practices or how this organization handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

California Department of Public Health
Sacramento District Office
3901 Lenanne Dr., Suite 210
Sacramento, CA 95834-1922
(916) 263-5800 or (800) 554-0354

U.S. Department of Health and Human Services
Office for Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
(800) 368-1019
OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.