

HIPAA Notice of Privacy Practices

Alav Medical Corporation
16465 Sierra Lakes Pkwy. Ste. 200 Fontana, CA 92336

Effective Date: June 1, 2014

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice or if you need more information, please contact our privacy officer.

Privacy Officer: Karla Garza

Mailing Address: 16465 Sierra Lakes Pkwy. Ste. 200 Fontana, CA 92336

Telephone #: (909)429-2404

Fax #: (909)429-2030

Email:

ABOUT THIS NOTICE:

We are required by law to maintain the privacy of your Health Information and to give you this Notice to explain our privacy practices with regard to Health Information. Health Information includes information that individually identifies you and that we create or receive from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present, or future physical or mental health or conditions; (2) the provision of health care to you; or (3) the past, present or future payment for your health care. You have certain rights – and we have certain legal obligations – regarding the privacy of your Health Information, and this Notice also explains your rights and obligations. We are required to abide by the terms of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following categories will describe different ways that we will use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways in which we are permitted to use and disclose information will fall within one of these categories.

Alav Medical Corporation may use and disclose your information in these ways:

1. **For treatment.** We may use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. We may also disclose your protected health information to other physicians and providers before or after you have been discharged or transferred to continue your care. Additionally, we may provide portions of your protected health information to another business, such as radiology or pharmaceutical services.
2. **To obtain payment for treatment.** We may use and disclose your protected health information to bill and collect payment for the treatment and services provided to you. We may also provide your protected health information to our business associates, such as billing companies, claims processing companies and others that process our healthcare claims. We may also tell your health plan about treatment you will be receiving to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For healthcare operations.** We may use and disclose your protected health information for business operations. For example, we may use your protected health information to evaluate the quality of healthcare services that you received or to evaluate the performance of the health care professionals who provided health care services to you. As an example, a patient survey may be mailed to your home by an outside agency. We may also provide your protected health information to our accountants, attorneys, consultants, and others to make sure we are complying with the laws that affect us. We may combine your information with that of other

patients to decide what services we should offer and to see how we can make improvements. We also may remove information that identifies you and provide the rest of your information to others to study healthcare and healthcare delivery. We may provide your information to other providers who have treated you for their limited operational purposes.

4. **For public health activities.** We may use and disclose protected health information for public health activities. For example, we will report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death. We may, and are sometimes required by law to, disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release protected health information to funeral directors as necessary for their duties.

5. **For health risks.** We may disclose protected health information about you for public health risk reporting. For example, we will report information to prevent or control disease, injury, or disability; report the abuse or neglect of children, elders, and adults; report reactions to medications or problems with products; notify people of recalls of products that might be in use; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

6. **Health oversight activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

7. **For purposes of organ and tissue donation.** If you are a potential organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation. We may also release protected health information to an organ donation bank as necessary to facilitate organ or tissue donations and transplantation.

8. **For research purposes.** In certain limited circumstances, we may provide protected health information to conduct medical research. For example, a research project may involve comparing the health and recovery of all patients with the same condition who received one medication to those who received another.

9. **To avoid harm and disaster relief.** To avoid a serious threat to the health or safety of a person or the public, we may provide protected health information to law enforcement personnel or persons able to prevent or lessen such harm. For example, if you are a victim of a crime we may release your protected health information to law enforcement personnel to protect you.

10. **For specific government functions.** We may disclose protected health information of military personnel and veterans in certain situations. We may also disclose protected health information for national security purposes, such as providing information to assist in the investigations of terrorist activity.

11. **For workers' compensation purposes.** We may provide protected health information to comply with workers' compensation laws. For example, we may release current protected health information to the worker's compensation program if you are receiving treatment for a worker's compensation injury.

12. **Appointment reminders and health related services.** We may use protected health information to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer. We may use and disclose protected health information about you by having you sign in when you arrive at our office. We may also call your name when we are ready to see you.

13. **Fundraising activities.** We may use protected health information to raise funds for the business. The money raised through these activities is used to expand and support the health care services and educational programs we provide to our patients'. We will use or release only contact information, such as your name, address and phone number, and dates of service. If you do not wish to be contacted for fundraising efforts, you must notify Alav Medical Corporation in writing at 16465 Sierra Lakes Pkwy. Ste. 200 Fontana, CA 92336 or 8916 San Bernardino Rd. Ste. 120 Rancho Cucamonga, CA 91737.

14. **Law enforcement and government agencies.** We may release protected health information:

- In response to a court order, subpoena, warrant, summons, administrative request, investigative demand, or similar process
- To report certain types of wounds or injuries

- To identify or locate a suspect, fugitive, material witness, missing person, or inmate
 - About the victim of a crime under certain limited circumstances
 - About a death we believe may be the result of criminal conduct
 - About criminal conduct at our place of business
 - In emergencies, to report a crime or the location of a crime or victims or the identity, description, or location of the person who committed the crime
15. **Required by law.** We may release protected health information if we are required by law to do so.
16. **Business associates.** We may disclose protected health information to third parties who assist us with some of our duties and functions. These third parties sign contracts promising to protect the privacy of your protected health information.

DISCLOSURES THAT REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. **Disclosures to family, friends, or others.** We may provide your protected health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care or for notification purposes, unless you object in whole or in part, in writing. 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.

WRITTEN AUTHORIZATION:

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose your protected health information, you can later change or take back that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action based on the authorization).

PATIENT RIGHTS:

The patient has the following rights regarding their protected health information:

1. The patient has the right to request limits on uses and disclosures of your protected health information. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request restrictions, you must make your request in writing to Alav Medical Corporation 16465 Sierra Lakes Pkwy. Ste. 200 Fontana, CA 92336
2. The patient has the right to choose how we give other entities their protected health information. The patient has the right to ask that we give information to another entity at an alternate address (for example, sending information to a work address rather than a home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to the patient's request if we can easily provide it in the format requested.
3. The patient has the right to see and get copies of your protected health information. In most cases, you have the right to look at or get copies of your protected health information for the previous six years. You must make the request in writing by notifying Alav Medical Corporation and filling out a request form. Generally, we will respond to you within 30 working days after receiving your written request. In certain situations, we may not be able to honor your request. If so, we will tell you in writing our reason for the denial and explain any right you may have to request a review. If you request copies of your protected health information a charge will apply dependent on the number of pages requested. The fee will be 15 cents per page. Instead of providing the protected health information you requested, we may provide you with a summary explanation of your protected health information as long as you agree to that and to the cost in advance.
4. The patient has the right to request an amendment. If the patient feels that the protected health information we have is incorrect or incomplete, the patient may ask us, in writing, to amend the information. Please contact Alav Medical Corporation at 16465 Sierra Lakes Pkwy. Ste. 200 Fontana, CA 92336

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The patient has the right to request an amendment for as long as the information is retained.

5. The patient has a right to a list of many of the disclosures we have made. This list does not include: disclosures relating to treatment, payment and operations; disclosures provided directly to you; disclosures you previously authorized or disclosures to certain national security and law enforcement agencies. All other disclosures will be included in this list. To request a listing of disclosures, please contact Alav Medical Corporation. The disclosure list will involve a fee of \$25.00.

6. The patient has a right to get a copy of this notice. You may ask us to give you a copy of this notice at any time. The notice may be provided via e-mail, if you prefer.

7. The patient has a right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request at the time of initial consultation or prior to communication, in writing. We will not ask you the reason for your request. We will accommodate your reasonable requests. Your request must specify how you wish to be contacted.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we may receive in the future. We will post a copy of the current notice in the reception areas and a copy will be available at each appointment.

Complaints:

If you have any questions about our privacy practices or if you believe your privacy rights may have been violated, you may file a question or complaint with the Privacy Officer listed at the top of this Notice. If you are not satisfied with the manner in which we handle a complaint, you may submit a formal complaint to:

Office for Civil Rights Region IX

U.S. Department of Health and Human Services

907th St. Ste. 4-100

San Francisco, CA 94103

Telephone #:(415)437-8310; (415)437-8311 (TDD)

Fax: (415)437-8329

Email: OCRMail@hhs.gov

The complaint form may be found at: www.hhs.gov/ocr/privacy/hipaa/complaints/hipacomplaint.pdf

You will not be penalized for filing a complaint or for pursuing your rights.