

**NOTICE OF PRIVACY PRACTICES**  
**FAMILY PLANNING ASSOCIATES MEDICAL GROUP, INC.**  
**PRIVACY OFFICER: Dr. Michael Zuckerman (909) 382-0201**



**Effective date: April 14, 2003**

**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 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 organization properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. If you have any questions about this Notice, please contact our Privacy Officer at the number listed above.

**A. How this Organization May Use or Disclose Your Health Information**

This organization collects health information about you and stores it in a chart and on a computer. This is a record of your medical care. The medical record is the property of this organization, but the information belongs to you. Law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. We may share your medical information with other health care providers and their employees including, but not limited to, physicians, hospitals, clinics, laboratories and pharmacies.
2. **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. We may disclose information to your health plan and other providers who need the information for obtaining payment.
3. **Health Care Operations.** We may use and disclose medical information about you to operate this organization. We may use and disclose this information to review and improve the quality of care we provide, or to review the competence and qualifications of our professional staff. We may use this information to get your health plan to authorize services or referrals. We may use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may share your medical information with "business associates" such as billing services that perform services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. We may share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you. We may share your medical information with all other health care providers, health care clearinghouses and health plans for any health care operations activities.
4. **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 persons answering the phone, unless you request otherwise.
5. **Sign-in sheet: calling to be seen.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may call out your name when we are ready to see you.
6. **Notification and communication with family.** We may use and disclose your health information to notify or assist in notifying a family member, your personal representative or other person responsible for your care in the event of an emergency or death. In the event of a disaster, we may disclose information to a relief organization so that they can coordinate notification efforts.
7. **Marketing.** We will not use or disclose your medical information for marketing purposes.
8. **Required by law.** We will comply with legal requirements to report abuse, neglect or domestic violence, and to respond to judicial or administrative proceedings, and to law enforcement officials.
9. **Public Health.** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes relating to disease prevention and control, injury and disability, abuse reporting, medical product safety, and medication safety.
10. **Health oversight activities.** We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other public oversight proceedings.
11. **Judicial and administrative proceedings.** We may and are sometimes required by law to disclose your health information in the course of an administrative or judicial proceeding. We may disclose information about you in response to a subpoena, discovery request or other lawful process.
12. **Law enforcement.** We may and are sometimes required by law to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. **Coroners.** We may and are sometimes required by law to disclose your health information to coroners in connection with their investigations of deaths.

14. **Public safety.** We may and are sometimes required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. **Specialized government functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

16. **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws. To the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

17. **Change of ownership.** In the event that this organization is sold or merged with another organization, your health information/record will become the property of the new owner.

**B. When this organization may not use or disclose your health information.**

Except as described in this Notice of Privacy Practices, this organization will not use or disclose health information that identifies you without your written authorization. If, after authorizing the use or disclosure of information, you elect not to authorize this organization to use or disclose your health information for another purpose, you may revoke the authorization in writing at any time.

**C. Your health information rights.**

1. **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. We reserve the right to accept or reject your request, and will notify you of our decision.

2. **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. You may ask that we send information to an address you specify. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive communications.

3. **Right to inspect and copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your 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. We will charge a reasonable fee, as allowed by California and Federal law. We may deny your request under limited circumstances.

4. **Right to amend or supplement.** You have a 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 this organization's 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, if you are not permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. **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 disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (Treatment), 2 (Payment), 3 (Health Care Operations), 6 (Notification and Communication with Family), and 15 (Specialized Government Functions) of Section A of this Notice of Privacy Practices 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 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 be reasonable likely to impede their activities.

6. **Right to receive a copy of this notice.** You have a right to a paper copy of this Notice of Privacy Practices.

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 at the number listed at the top of this Notice of Privacy Practices.

**D. 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 this Notice. 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 will offer you a copy of each appointment.

**E. Complaints**

Complaints about this Notice of Privacy Practices or how this organization handles your health information should be directed to our Privacy Officer at the number 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 the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201. You will not be penalized for filing a complaint.