

W. Andrew Cies, M.D., Inc
400 Newport Center Drive, #404
Newport Beach, CA 92660
(949) 640-2023

On April 14, 2003 a new federal law goes into effect:

What must happen:

We must give you the Notice of Privacy Practices (NPP)

You must acknowledge that we have given it to you

Sign this form please – we keep it

What does not have to happen

You do not have to read or understand the NPP

Please do not ask our front office questions about this law:

We are merely following a Federal mandate

- 1) We have given you a Notice of Privacy Practices, and **this form.**
- 2) The law requires us to document that we have given you the Notice of Privacy Practices, so we must ask that you sign and return this form to us for our records. Your signature only acknowledges that we have provided you a personal, paper copy of our Notice of Privacy Practices as required by law, not that you have read it or understood it. The law also requires us to document the fact that we have distributed the notice by collecting and retaining these signed acknowledgements.
- 3) We will be unable to see you until you sign this form.
- 4) We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards and our internal policies and procedures.
Please note that our policy, long before the Federal mandate, is to obtain your permission to release any information from your medical history.

We have provided you with a personal copy of our Notice of Privacy Practices. Please review it if you wish. If you do not wish to keep it, please return it so we can recycle it.

I hereby acknowledge receipt of the Notice of Privacy Practices:

Your Signature

Date

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.

W. Andrew Cies, M.D., Inc
400 Newport Center Drive, #404
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(949) 640-2023

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

OUR PLEDGE

The protection of our patients' privacy and the confidentiality of their medical information have always been important to us. We understand that you trust us to safeguard your personal information and respect your right to privacy. This notice represents our commitment to maintain the privacy of your protected health information and to inform you of our legal duties and privacy practices, as well as your rights, as required by California and federal law. We are legally required to provide you a copy of this notice and to follow the terms of this notice currently in effect.

YOUR PERSONAL INFORMATION

We keep records of the medical care we provide you and we may receive similar records from others. We use this information so that we, or other health care providers, can render quality medical care, obtain payment for services and enable us to meet our professional and legal responsibilities to operate our medical practice. We may store this information in a chart and in our computers. This information makes up your medical record. The medical record is our property; however this notice explains how we use information about you and when we are allowed to share that information with others.

OUR PRIVACY PRACTICES

It is our policy to maintain reasonable and feasible physical, electronic and process safeguards to restrict unauthorized access to and protect the availability and integrity of your health information. Our protective measures may include secured office facilities, locked file cabinets, managed computer network systems and password protected accounts.

Access to health information is only granted on a "need-to-know" basis. Once the need is established the access is limited to the minimum necessary information to accomplish the intended purpose.

Our staff are required to comply with the policies and procedures designed to protect the confidentiality of your health information. Any staff member that violates our privacy policy is subject to disciplinary action.

HOW WE MAY USE OR SHARE YOUR INFORMATION

The following categories describe situations where the law allows us to use and share your health information. We give examples for each category that illustrate that type of use or disclosure. Not every use or disclosure is listed, but the ways in which we are legally permitted to use and share your health information will fall into one of these categories.

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. 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 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.

We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

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 information to other healthcare providers to assist them in obtaining payment for services they provide you.

Health Care Operations

We may use and disclose medical information about you to properly operate and manage our medical practice. For example, we may use and disclose this information to review and improve the quality of the care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud, waste and abuse detection, compliance programs and business planning and management. We may also share your health information with our business associates, such as our billing service, that perform services for us. However we will not share your health information with them unless they agree in writing to protect the privacy of that information. Under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other providers, clearing houses 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 healthcare costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud, waste and abuse detection and compliance efforts.

Notifications

We may disclose information to someone who is involved with your care or helps pay for your care. We may disclose your health information to notify, or assist in notifying, a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may also disclose information to a relief organization so that they may coordinate these notification efforts.

Marketing

We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-

related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you.

Special Circumstances and the Law

Special situations and certain laws may require us to use or release your health information. For example, we may be required to release your health information to others for the following reasons:

- Whenever we are required to do so by law; for example, to the extent your care is covered by Workers' Compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupation related injury or illness to the employer or Workers' Compensation insurer.
- To report information to agencies that regulate our business, such as the U.S. Department of Health and Human Services and the California Department of Health and Managed Care.
- To assist with public health activities; for example, we may report health information to the Food and Drug Administration for the purpose of investigating or tracking a prescription drug and medical device malfunctions.
To report information to public health agencies if we believe there is a serious threat to your health and safety or that of another person or the general public; this includes disaster relief efforts
- To report certain activities to health oversight agencies; for example, we may report activities involving audits, inspections, licensure and peer reviews
- To assist courts or administrative agencies; for example, we may provide information pursuant to a court order, search warrant or subpoena, or when required by the investigation of a duly authorized administrative agency
- To support law enforcement activities; for example, we may provide health information to law enforcement agents for the purpose of identifying or locating a fugitive, material witness or missing person
- To correctional institutions, law enforcement officials or military authorities that have you in their lawful custody
- To report information to a government authority regarding child abuse, neglect or domestic violence
- To share information with a coroner or medical examiner as authorized by law. We may also share information with funeral directors, as necessary to carry out their duties.
- To use or share information for procurement, banking or transplantation of organs, eyes or tissues
- To report information regarding job-related injuries as required by your state workers' compensation laws
- To share information related to specialized government functions, such as military and veterans activities, national security and counter-intelligence purposes, or in support of providing protective services for the President, foreign heads of state and other designated persons
- To a family member or friend under any of the following circumstances: (1) if you provide a verbal agreement to allow such a disclosure; (2) if you are given an opportunity to object to such a disclosure and you do not raise an objection; or (3) if it can be inferred from the circumstance, based on our professional judgment, that you would not object.

- In the event that our practice is sold or merged with another organization, your medical 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.
- We may use or share your health information when it has been “de-identified.” Health information is considered de-identified when it has been processed in such a way that it can no longer personally identify you.
- We may also use a “limited data set” that does not contain any information that can directly identify you. This limited data set may only be used for the purposes of research, public health matters or health care operations. For example, a limited data set may include your city, county and zip code, but not your name or street address.

YOUR WRITTEN PERMISSION

Except as described in this Notice of Privacy Practices, or as otherwise permitted by law, we must obtain your written permission – called an authorization – prior to using or sharing health information that identifies you as an individual. If you provide an authorization and then change your mind, you may revoke your authorization in writing at any time.

Once an authorization has been revoked, we will no longer use or share your health information as outlined in the authorization form; however you should be aware that we won’t be able to retract a use or disclosure that was previously made in good faith based on what was then a valid authorization from you.

Except as specified above, under California law we may not share your health information with your employer or benefit plan unless you provide us an authorization to do so.

OTHER RESTRICTIONS

In California there may be additional laws regarding the use and disclosure of health information related to HIV status, communicable diseases, reproductive health, genetic test results, substance abuse, mental health and mental retardation. Generally we will be bound by whatever law is more stringent and provides more protection for your privacy.

YOUR RIGHTS

The following are your rights with respect to your health information. You have the right to:

- Ask us to restrict how we use or share your health information for treatment, payment or health care operations. You also have the right to ask us to restrict health information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your requests, we are not required by law to agree to these types of restrictions;
- Request confidential communications of health information. For example, you may ask that we send information to your work address. We will accommodate all reasonable requests submitted in writing;
- Inspect and copy your health information, with limited exceptions. To access your record, 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 may charge you a reasonable fee for copies as allowed by law. Under certain circumstances we may deny your request. If we do deny your request, we will notify you in writing and may provide you the opportunity to have the denial reviewed;

- Request an amendment to your health information that you believe is incorrect or incomplete. We may require your request be in writing and that you provide a reason for the request. If we make the amendment, we will notify you. If we deny your request, we will notify you of the reason in writing. This written notification will explain your right to file a written statement of disagreement. In return, we have a right to rebut your statement. Furthermore, you have the right to request that your initial written request, our written denial and your statement of disagreement be included with your health information for any future disclosures;
- Receive an accounting of certain disclosures of your health information made by us during the six years prior to your request. We may require that your request be in writing. Your first accounting is free. Subsequently, you are allowed one free accounting request every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, we will charge you a \$25.00 fee. Please note that we are not required to provide you with an accounting for any information:
 - Disclosed prior to April 14, 2003;
 - Shared for treatment, payment or health care operations as described above;
 - Previously disclosed to you;
 - Shared as part of an authorization request;
 - Incidental to a use or disclosure that is otherwise permitted;
 - Provided for use in a facility directory;
 - Provided to persons involved in your care or for other notification purposes;
 - Shared for national security or counter-intelligence purposes;
 - Shared or used as part of a limited data set for research, public health or health care operations purposes;
 - Disclosed to correctional institutions, law enforcement officials, military authorities, or health oversight agencies.

CHANGES

Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all the health information that we maintain, regardless of when it was created or received. We will provide you a copy of the revised notice and will post it publicly as required by law.

QUESTIONS OR COMPLAINTS

If you have any questions regarding this notice of privacy practices, if you require additional information, or you believe your privacy rights have been violated, please contact our Privacy Officer at:

W. Andrew Cies, MD, Inc
 400 Newport Center Drive, Suite 404
 Newport Beach, CA 92660
 949 640-2023

No action will be taken against you and you will not be penalized in any way for filing a complaint with us.

HIPAA Training Agenda

- ___ What is HIPAA and how does it apply to this office?
- ___ Introduction of privacy officer and explanation of role.
- ___ Explanation of policies and forms:
 - ___ Notice of Privacy Practices (NPP)
 - ___ Authorization for release of protected health information (PHI)
 - ___ Right to Confidential Communications
 - ___ Patient amendment of the medical record
 - ___ Patient access to the medical record
 - ___ Required uses and disclosures of PHI:
 - ___ Accounting of disclosures
 - ___ Incidental uses and disclosures
 - ___ Patient privacy complaint
 - ___ Explanation of minimum necessary standard
- ___ Sign confidentiality agreement.
- ___ Administer test (if desired).

Date of training:

Employees attending:

Person providing training: Dr. Cies, Diane

Notice of Privacy Practices (NPP) Policy

Effective date of policy: April 1, 2003

Every patient will receive a Notice of Privacy Practices (NPP):

- It **MUST** be distributed to each patient at the first office visit after 4/13/03 and we must get **written documentation** from the patient that he/she received this notice.
- We must post an abbreviated notice prominently in the office.
- We may distribute it via e-mail with a return receipt.
- If we have a Web site, it must be posted on the Web site.
- We must make a reasonable effort to ensure that each patient gets his or her own paper copy of our **Notice of Privacy Practices** on his or her first date of service after 4/13/03. We must document this effort in writing by obtaining signed acknowledgements.

In the event that the patient does not get a notice while in the office, we should mail the notice to them, **ON THE SAME DAY**, and document both the reason why it was not given to them at the time of service and the fact that the notice was mailed.

The notice:

- Must be posted in an abbreviated form prominently in the office.
- May be distributed via e-mail with a return receipt for documentation.
- Must be on our Web site, if we have one.

“This office will comply with all aspects as printed in our Notice of Privacy Practices and our privacy notice will be in compliance with all appropriate laws and regulations, federal, state, and local.”

The following is a summary of the information discussed in the Notice of Privacy Practices.

- **Our Pledge to preserving the privacy of your records**
- **Your Personal Information includes medical information and billing information**
- **Our Privacy Practices are spelled out**
- **How We May Use or Share Your Information for:**
 - **Treatment (emergency rooms, other doctors)**
 - **Payment (your insurance company)**
 - **Health Care Operations**
 - **Notifications**
 - **Marketing (we only use your address for us to send you information)**
 - **Research (we will not use your information)**
 - **Special Circumstances and the Law (we will provide information required by law)**
- **Your Written Permission**
- **Other Restrictions**
- **Your Rights**
- **Changes**
- **Questions or Complaints**

If, after reviewing the notice, you decide that you do not want to retain your paper copy, please return it to our receptionist and we will recycle it.