



Jason R. Abney, D.O.
 DOCTORS DIRECT MEDICAL GROUP
 2 Executive Circle • Suite 100 • Irvine, CA 92614
 Phone: 949.353.5053 • Fax: 949.799.2808

PRIVACY PRACTICES

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. *This is a SUMMARY of your rights and our responsibilities regarding your medical information and its privacy. A full version of this Notice is available in our office, per your request. If you have any questions, please ask our Administrative Team. This notification was last updated on April 15, 2018 and will remain in effect until replaced.*

Who: All clinicians and office staff at Doctors Direct Medical Group are committed to the privacy of medical information of our clients.

Protected Health Information (PHI): refers to information in your health record that could identify you. It is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care.

How We May Use and Disclose Your Protected Health Information: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Privacy Rule, we are permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, for health care operations, appointment reminders, treatment alternatives, health-related benefits and services, individuals involved in your care, worker’s compensation, public health risks, as required by law, and to avert a serious threat to health of safety. For most uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization to Release Information.

2013 Omnibus HIPAA Final Rule (Update to HIPAA): New privacy standards were adopted in 2013 to further clarify and protect patients’ health information/confidentiality when it is disclosed but also to facilitate the flow of medical information between providers. Please read the following so that you understand your rights as a patient as well of the new rules about patient confidentiality. Feel free to ask about privacy, confidentiality, or psychiatric records. *2013 Updates to previous HIPAA policies include the following:*

- *Permission from the patient is no longer required for transfer of medical information between providers as long as only the necessary information is supplied.
- *We may have to disclose some medical information when required to do so by law without your consent. This includes mandated reporting of child/elder abuse and cases of legal order or subpoena (see confidentiality in Office Policies).
- *National security and public health issues. We may be required to disclose certain information to military authorities or federal health officials if it is required for lawful intelligence, public health safety, or public security.

Patient Rights Regarding Your Protected Health Information (PHI):

- *Right to Inspect and Copy your medical information: all patients have the right to inspect and copy their own protected health information (medical record) on request. In cases where exposure to the record might be harmful to the patient, the clinician may deny the request. It is unlikely that there would be information in the chart that a patient should not or could not read, but much of the information in the chart may require explanation.
- *Right to Request an Amendment: of information you consider incorrect or incomplete.
- *Right to an Accounting of Disclosures: that we have made of medical information about you.
- *Right to Request Restrictions: or limitations on the information we use or disclose about you for treatment, payment, or health care.
- *Right to Receive Confidential Communications: as specified by you and also by alternate means or locations.
- *Right to a Paper Copy of This Notice.

Changes to the Notice: We reserve the right to change this Notice and will post a dated copy of in the office.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Office Manager or with the Department of Health and Human Services. You will not be penalized for filling a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the summary of Notice of Privacy Practices and am aware of my right to have a full copy of the entire HIPAA policy if desired.

Patient Name

Responsible Party Name & Relationship

Patient Signature

Date

Responsible Party Signature

Date