**Notice of Privacy Practices - How Your Medical Information Is Used**

 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 Notice applies to Merced Vein & Vascular Center.

**Understanding Your Health Information**

 Each time you visit a health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

**Our Responsibilities**

We are required by law to:

 • Maintain the privacy of your health information during your lifetime and for 10 years following your death. • Provide you with an additional current copy of our Notice upon request. • Abide by the terms of our current Notice. • Notify you following a breach of unsecured protected health information in the event you are affected.

We will not use or disclose your health information without your written authorization, except as described in the Notice.

**Uses And Disclosures Without Your Written Authorization**

***We may use and disclose your health information without your written authorization for Treatment, Payment and Health Care Operations***

***We will use and disclose your health information for treatment purposes*** For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you in the future.

***We will use and disclose your health information for payment purposes*** For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes. For example, if you are brought in by medi-cab, we may disclose your health information to the medi-cab provider for its billing purposes.

***We will use and disclose your health information for health care operations***

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of health care we provide. In some cases, we will furnish your health information to other qualified parties for their health care operations.

***Health Information Exchange***

We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

**Other Uses and Disclosures of your health information without your written authorization**

***Notification***  We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

***Communication With Family and Others*** We may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

***Directory***  Unless you notify us that you object, or we are otherwise prohibited by law, we may use your name, location in the practice, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and, except for religious affiliation, to other people who ask for you by name.

***Business Associates*** There are some services provided in our practice through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

***Appointment Reminders*** We may contact you as a reminder that you have an appointment for treatment or medical care. The reminders may be in a phone call, via patient portal, or letter.

***Treatment Alternatives*** We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Fundraising***  We will not market, or sell your personal information for fundraising efforts unless you give us written permission.

***Public Health*** We may disclose health information about you for public health activities. These activities may include disclosures: • To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; • To appropriate authorities authorized to receive reports of abuse and neglect; • To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or • To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. • With parent or guardian permission, to send evidence of required immunizations to a school.

***Workers’ Compensation*** We may disclose health information to the extent authorized and necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

***Correctional Institutions*** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health or the health and safety of other individuals.

***Law Enforcement*** We may disclose your health information for law enforcement purposes: • At the request of a law enforcement official and in response to a subpoena, court order, investigative demand or other lawful process; • If we believe it is evidence of criminal conduct occurring on our premises; • If you are a victim of crime and we obtain your agreement, or under certain circumstances, if we are unable to obtain your agreement; • To identify or locate a suspect, fugitive, material witness or missing person; • To alert authorities that a death may be the result of criminal conduct; • To report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

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

***Threats to Health or Safety*** Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

***Specialized Government Functions*** We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

***As Required by Law*** We will use or disclose your health information as required by federal, State or local law.

***Lawsuits and Administrative Proceedings*** We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

 ***Funeral Directors, Medical Examiners, and Coroners*** We may disclose your health information to funeral directors, medical examiners, and coroners consistent with applicable law to carry out their duties.

***Organ Procurement Organizations*** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Incidental Uses and Disclosures*** There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**Uses And Disclosures That Require Your Written Authorization**

The following uses and disclosures will only be made with your written authorization: • Uses and disclosures not listed above as permitted without your written authorization. • most uses and disclosures of psychotherapy notes; • uses and disclosures for our marketing purposes; and • disclosures that constitute a sale of your health information. Your authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

**Your Health Information Rights**

You have the following rights regarding your health information:

***Patient Responsibility***

***•*** Be considerate of the staff and other patients as well as take into consideration the control of your children or other minors while at our office. • Be aware of all safety regulations and uphold them. If you do not, you may be triaged, and if not considered an emergency, will be asked to leave the building. Merced Vein & Vascular Center does maintain our rights to discharge you if you are not following our policies in an appropriate manner. • Be on time to your appointment and give all required information to the appropriate staff (personal information, required signed forms, a current medication list, current medical insurance, and any other appropriate requested information. • Fulfill any financial patient obligations that are required by your personal insurance or financial status.

***Reasonable Care***

You have the right to have reasonable access to care. You have the right to receive respectful and considerate care at all times. This practice will take into account your values, beliefs, and personal regards. We will honor your requests and will uphold your right to: • To request an interpreter. (Spanish staff on site) • To decision-maker of your choice when you are unable to make a decision. • To participate in your health decisions and well-being by understanding your diagnosis and treatment plan. • To know the name and professional status of those providing medical services to you. • Receive your bills in a way that is concise, detailed and itemized. • Your right to receive a patient summary of care either by mail or by an account with our practice. Allscripts – Follow My Health patient portal. (see home page) • To refuse treatment to the extent that the law allows.

***Choose someone to act for you***

If you have given someone Power of Attorney or if someone is your Legal Guardian, that person can exercise your rights and make choices about your health information. This office requests a copy of the legal Medical Power of Attorney or Legal Guardian record on file. We will make sure the person has this authority and can act for you before we take any action.

***Right to Inspect and Copy*** You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to the medical records department. Contact the office phone number listed on your billing statement to request a copy of your billing record. If you ask for a copy of your records, we may charge you a copying fee plus postage. If we maintain an electronic health record about you, you have the right to request your copy in electronic format.

***Right to Request Amendment*** You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Medical Records Department. We may deny your request, and will notify you of our decision in writing.

***Right to an Accounting of Disclosures*** You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases). To request an accounting of disclosures, you must send a written request to the Medical Records Department. Your request must state a time period that may not be longer than six years or prior to July 1, 2012.

***Right to Request Restrictions*** You may request restrictions on how your health information is used for treatment, payment or health care operations or disclosed to certain family members or others who are involved in your care. We may deny your request with one exception. If we agree to a voluntary restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment. We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay in full for all expenses related to that service prior to your request and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction. To request a restriction, you must send a written request to the Medical Records Department, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

***Right to Request Private Communications*** You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration staff and explain how or where you wish to be contacted.

***Right to a Paper Copy of this Notice*** You may request an additional paper copy of this Notice at any time from any patient registration area.

**You may contact the Medical Records Department at:**

**Merced Vein & Vascular Center** 424 E. Yosemite Avenue Suite A Merced, CA 95340 Phone: 209-723-6882 Hours: 8:00 a.m. – 4:30 p.m. PST

 **Changes to this Notice** We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice in patient registration areas and on our websites.

**For More Information or to Report a Problem** If you have questions or would like additional information, you may contact the Practice Manager. If you believe your privacy rights have been violated, you may file a complaint with the Practice Manager or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**You may contact the Practice Manager at:** 424 E. Yosemite Avenue Suite A Merced, CA 95340 Phone: 209-723-6882 Hours: 8:00 a.m. – 4:30 p.m.

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