

# Center for Fetal Medicine and Women's Ultrasound

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## Notice of Privacy Practices

This notice describes how your health information, as a patient of this practice, may be used and disclosed and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1995 (HIPAA) and California laws related to the privacy of your health information.

## Your Information. Your Rights. Our Responsibilities.

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.**

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Comply with special laws (when requirements are stricter than in this notice)

## **We will never market or sell your personal information**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable request and must say “yes” if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with our health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence, S. W., Washington, D. C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hapaa/complaints/](http://www.hhs.gov/ocr/privacy/hapaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference of how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/indx.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/indx.html).

## Help with public health and safety issues

We can share information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

## Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Special provisions relating to Electronic Protected Health Information (e-PHI)

As part of our services to you, we may offer you from time-to-time the opportunity to receive electronic transmission of radiological scans and other digital imaging included as part of your health information (hereinafter referred to as "e-PHI"). By signing below, you hereby agree that the e-PHI acquired, or otherwise provided by you to, by the practice in the course of its provision of health care services to you, may be uploaded to, and stored on external websites and/or digital databases, which have a minimum basic level of password-protected security. Additionally, you expressly agree that your physician and/or this practice may transmit such e-PHI to you, via email, text messages or other forms of digital communication, whether now known or hereafter devised (collectively, "Digital Distribution"), through the utilization of a third-party data transmission and storage service. You expressly acknowledge that the utilization and/or engagement of external websites, digital databases, and/or third-

party data transmission and storage service(s) has inherent risks of hacking, viruses, human error, and other bases of inadvertent or incorrect dissemination of our e-PHI. You hereby accept the risk of any such inadvertent or incorrect dissemination, and hereby hold your physician and this practice harmless for any damages relating to the same.

Your physician and/or this practice, through the engagement of provider(s) of third-party data transmission and storage services, may provide as a service to you, the opportunity to receive delivery of certain of your e-PHI via one or more forms of Digital Distribution. Such provider(s) of third-party data transmission and storage services may in turn use your e-PHI for their own internal business processes and statistical metrics, subject to confidentiality provisions contained in agreements between such providers and your physician and/or this practice. By signing below, you expressly acknowledge and agree to such use of e-PHI by any and all such provider(s) of third-party data transmission and storage services.

Your physician, this practice and any such provider(s) of third-party data transmission and storage services, are not required to agree to a restriction that you may request related to the use or dissemination of your e-PHI, however, if we do agree, we are bound by your agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.

We may use or disclose, as needed, your e-PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your e-PHI to medical school students that see patients at our office.

**Except as otherwise set forth in this section, this practice's obligations to you with regard to the e-PHI will be the same as all other health information covered by this Notice of Privacy Practices.**

### **Changes to the Terms of this Notice**

**We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.**

If you have any questions regarding this notice or our health information policies, please contact Wendy Platt, R.N. at the Center for Fetal Medicine, 6310 San Vicente Blvd., Suite 520, Los Angeles, CA 90048, tel: (323) 857-1069.

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Patient Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature