

RICHARD T. DAUPHINE, M.D., INC.
980 Cass Street
Monterey, CA 93940
(831) 375-2489

Notice of Privacy Practices Effective April 14, 2003

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of you protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our office in a visible location at all times, and you may request a copy of our most current notice at any time.

Uses and Disclosures of Protected Health Information (PHI)

1. **TREATMENT.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We might use your PHI in order to write prescriptions for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors

- may disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **PAYMENT.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
 3. **HEALTH CARE OPERATIONS.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health providers and entities to assist in their health care operations.
 4. **DISCLOSURES REQUIRED BY LAW.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Uses and Disclosure of Your PHI in Certain Special Circumstances

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **PUBLIC HEALTH RISKS.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purposes of reporting certain situations. For example: abuse or neglect, communicable diseases, or Food and Drug Administration requirements.
2. **HEALTH OVERSIGHT ACTIVITIES.** Our practice may disclose your PHI to health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **LAWSUITS AND SIMILAR PROCEEDINGS.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the

dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **LAW ENFORCEMENT.** We may release PHI if asked to do so by a law enforcement official. For example in response to a warrant, summons, court order, subpoena or similar legal process.
5. **DECEASED PATIENTS.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **ORGAN AND TISSUE DONATION.** Our practice may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **SERIOUS THREATS TO HEALTH AND SAFETY.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
8. **MILITARY.** Our practice may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
9. **NATIONAL SECURITY.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
10. **INMATES.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
11. **WORKER'S COMPENSATION.** Our practice may release your PHI for Worker's Compensation programs.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI that we maintain about you:

1. **CONFIDENTIAL COMMUNICATIONS.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request to: Richard T. Dauphine, M.D., Inc., Attn: Privacy Officer, 980 Cass Street, Monterey, CA 93940, specifying the requested method of contact, or the location where you

wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

- 2. REQUESTING RESTRICTIONS.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Richard T. Dauphine, M.D., Inc., Attn: Privacy Officer, 980 Cass Street, Monterey, CA 93940. Your request must describe in a clear and concise fashion the information you wish restricted; whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.
- 3. INSPECTION AND COPIES.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to: Richard T. Dauphine, M.D., Inc., Attn: Privacy Officer, 980 Cass Street, Monterey, CA 93940 in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however you may request a review of our denial.
- 4. AMENDMENT.** You may ask us to amend your health information if you believe that it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: Richard T. Dauphine, M.D., Inc., Attn: Privacy Officer, 980 Cass Street, Monterey, CA 93940. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the PHI kept by and for the practice; (c) not part of the PHI which you would be permitted to inspect or copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5. RIGHT TO A PAPER COPY OF THIS NOTICE.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
- 6. RIGHT TO FILE A COMPLAINT.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our

practice, contact: Richard T. Dauphine, M.D., Inc., Attn: Privacy Officer, 980 Cass Street, Monterey, CA 93940. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.