

NOTICE OF PRIVACY POLICY

This notice describes how health information about you (as a client of this practice) may be used and disclosed, and how you can gain 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 1996 (HIPAA).

Our commitment to your privacy

This practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

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

Use and disclosure of your health information in certain special circumstances

The following circumstances (many of which are mandated upon us by Federal or State laws) may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of others.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For workers compensation and similar programs.
9. To our business and health care associates. We sometimes work with outside individuals, medical practitioners and business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.
10. To persons assisting in your care or payment for your care. We may disclose information to individuals involved in your care or in the payment of your care. This includes people and organizations that are part of your "circle of care" – such as your spouse, other doctors or an aide who may be providing services to you. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make disclosures without your agreement.
11. In appointment reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Your rights regarding your health information

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction on our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information 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.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including nutrient records and billing records. You must submit your request in writing to: Jim Harris, 1900 East Tahquitz Canyon Way, Palm Springs, CA 92262 .
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and 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 Jim Harris, 1900 East Tahquitz Canyon Way, Palm Springs CA 92262 . You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for the uses and disclosures that are not identified by this notice or permitted by applicable law.
7. Right to change this notice. We reserve the right to make changes to this notice at any time. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.
8. If you have any questions regarding this notice of our Health Information Privacy Policies, please contact : Jim Harris, 1900 East Tahquitz Canyon Way, Palm Springs, CA 92262 .