

## Notice of Privacy Practice

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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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services to you and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information. This notice describes how we may use and disclose your medical information. If you have any questions about this Notice, please contact our office.

### How this medical practice may use or disclose health information

This medical practice collects medical and related identifiable patient information (such as billing information, claims information, referral and health plan information) and stores it in, an electronic chart, paper chart, administrative files, and on computers. This information is considered “protected health information” (PHI) under the HIPAA Privacy Rule. The law permits us to use or disclose this health information for the following purposes without the patient’s written permission or authorization:

***Treatment.*** We use medical information to provide medical care. We disclose medical information to our staff and others who are involved in providing care to our patients needs. For example, we may share medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with pharmacist who need it to dispense a prescription, or a laboratory that performs a test. We may also disclose medical information to members of patients’ families or others who can help them when they are sick or injured.

***Payment.*** We may use and disclose PHI to obtain payment for the services we provide. For example, upon your request for us to submit a claim to your insurance, we give health plans the information they require to process your claim. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to our patients.

***Health Care Operations.*** We may use and disclose PHI to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get health plans to authorize prescriptions or services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share PHI with our “business associates, such as our billing service, or others whom perform administrative services for my practice. We have a written contract with each of these business associates that contains the terms and requires them to protect the confidentiality of this PHI. Although federal law does not protect health information which is disclosed to someone other than a healthcare provider, health plan or healthcare clearinghouses, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

We may also share PHI with other health care providers, healthcare clearinghouses, or health plans that have a relationship with one of our patients, when they require this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionalism, their training programs, their accreditation, certification, or licensing activities, or their healthcare fraud and abuse detection and compliance efforts. From time to time, we may share PHI with our professional liability carrier for our defense on their ongoing quality review of our medical practices. We may also share PHI with all the other healthcare providers, healthcare clearinghouses and health plans who participate in the organized health care arrangements. Our privacy official maintains a current list of these arrangement, which included among others all relevant hospitals, and health plans in which this medical practice participates.

***Appointment Reminders.*** We may use and disclose medical information to contact and remind our patients about their appointments.

***Notification and communication with family.*** We may disclose our patients health information to notify or assist in notifying family members, personal representatives or other persons responsible for their care about their location, general condition or in the event of death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with our patient’s care or helps pay for care. If our patient is able and available to agree or object, we will give the patient the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over the patients objection if we believe it is necessary to respond to the emergency circumstances. If our patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communication with the patient’s family and others.

**Required by law.** As required by law, we will use and disclose our patients' health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

**Public health.** We may, and are sometimes required by law, to disclose our patient's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child, elder, or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform our patients or their personal representative promptly unless in our best professional judgment, we believe the notification would place a patient at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**Health oversight activities.** We may, and are sometimes required by law, to disclose our patients' health information to health oversight agencies during the course of audits, investigations, inspections, license and other proceedings, subject to the limitations imposed by federal and California law.

**Judicial and administrative proceedings.** We may, and are sometimes required by law, to disclose our patients' health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about our patients in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify them of the request and they have not objected, or if their objections have been resolved by a court or administrative order.

**Law enforcement.** We may, and are sometimes required by law, to disclose PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**Coroners.** We may, and are sometimes required by law, to disclose PHI to coroners in connection to their investigation of deaths.

**Public safety.** We may, and are sometimes required by law, to disclose PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to health and safety of a particular person or the general public.

**Specialized government functions.** We may, and are sometimes required by law, to disclose PHI for military purposes or national security purposes or to correctional institutions or law enforcement officers that have the patient in their lawful custody.

***Other disclosures specified in our Notice of Privacy Practices.*** We may disclose our patients' health information as otherwise described in our Notice of Privacy Practices.

***Breach Notification.*** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

***Right to Request Special Privacy Protections.*** Our patients have the right to request restrictions on certain uses and disclosures of their PHI, by making a written request where they specify what information they want to limit and what limitations on our use or disclosure of that information they wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full and out of pocket, we will be able to abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other requests, and will notify you of our decision.

***Right to Request Confidential Communications.*** Our patients have the right to request that they receive their health information in a specific way or at a specific location. For example, they may ask that we send information to a particular e-mail account or to their work address. We will comply with all reasonable requests submitted in writing which specify how or where they wish to receive these communications.

***Right to Inspect and Copy.*** Our patients have the right to inspect and copy their health information, with limited exceptions. To access their medical information, they must submit a written request detailing what information they want access to and whether they want to inspect it or get a copy of it. We will respond to every written request within the time required by California and federal law. We will charge a 25¢ per page, as allowed by federal and California law. We may deny this request under limited circumstances. If we deny your request to access of a child's records or the records of an incapacitated adult you may be representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny a patient's request to access of his or her psychotherapy notes, the patient will have the right to have them transferred to another mental health professional.

***Right to Amend or Supplement.*** Our patients have a right to request that we amend their health information that they believe is incorrect or incomplete. Our patients must make this request to amend in writing, and include the reasons they believe the information is inaccurate or incomplete. We are not required to change their health information, and if we refuse, we will provide them with information about this medical practice's denial and how they can disagree with this denial. We may deny their request if we do not have the information, if we did not create the information, if they would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as

is. Our patients also have the right to request that we add to their record a statement of up to 250 words concerning any statement or item they believe to be incomplete or incorrect.

***Right to an Accounting of Disclosures.*** Our patients have a right to receive an accounting of disclosures of their PHI made by this medical practice, except that this medical practice does not have to account for the disclosures provided to them or pursuant to their written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notifications and communications with family), and 16 (specialized government functions), or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use of disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

***Right to a Paper Copy of Notice of Privacy Practice.*** Our patients have a right to a paper copy of this Notice of Privacy Practices, even if they have previously requested its receipt by e-mail. If we have a website, we must post our current Notice of Privacy Practices on our website.

***Changes to this Notice of Privacy Practice.*** We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such time an amendment is made, we are required by law to comply with the Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted on our website and you can print out a copy for your personal records from the link on this website.

***Complaints.*** Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should first be directed to our office. My medical practice will investigate and resolve all complaints relating to the protection of health information in a timely fashion.

Privacy officer: amy@drnealmazer.com  
Fax: 805.919.5261

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You will not be penalized for filing a complaint.