

Edward Ruiz, M.D., P.C.
Notice of Privacy Practices (HIPAA)

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This notice describes how we may use and disclose your protected health information (PHI),

I. Uses and Disclosures of PHI

The practice may use your PHI for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Disclosure of your PHI may be in writing, orally, or by facsimile.

- A. Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care. We may also disclose PHI to other physicians with respect to your care.
- B. Payment.** Your PHI will be used, as needed, to obtain payment for the services we provide.
- C. Operations.** We may use or disclose your PHI, as necessary, for our own health care operations in order to facilitate the function of the practice. These include such activities as quality assessment, employee review, training programs, accreditation, certification, licensing or credentialing activities, reviews and audits and general administration activities.
- D. Other Uses & Disclosures.** As part as treatment, payment & health care operations we may use your PHI to remind you of any appointment or inform you of potential treatment alternative or options

II. Uses and disclosures beyond treatment, payment, and health care operations permitted without authorization or opportunity to object when legally required by federal, state or local law.

- A. When there are risks to public health.
- B. To report abuse, neglect or domestic violence.
- C. To conduct health oversight activities including audits: civil, administrative, or criminal investigations, proceedings, or actions; inspections or other activities necessary for appropriate oversight as authorized by law.
- D. In connections with judicial and administrative proceedings.
- E. For law enforcement purposes.
- F. To coroners, funeral directors, and for organ donation.
- G. For research purposes.
- H. In the event of a serious threat to health or safety.
- I. For specified government functions.
- J. For workers compensation.

III. Uses and disclosures Permitted without Authorization but the Opportunity to Object.

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death. You may object to these disclosures. If you do not we can infer from circumstances that you do not object or we determine that it is in your best interests for us to make disclosure of PHI that is directly relevant to the person's involvement with your care. We may disclose relevant PHI of a deceased patient's family member, friend, or representative (even without probate) if that family member of person had been involved in the patient's care or payment before death, unless disclosure would be inconsistent with the patient's express wishes to the practice.

IV. Uses and disclosures which you authorize.

Other than as stated above, we will not disclose your PHI other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your rights.

- A. The right to inspect and copy your protected health information.** We may deny your request if, in our professional judgement, we determine that the access requested is likely to endanger your life or safety or that of another person.
- B. The right to request a restriction on uses and disclosures of your PHI.** You may request us not to use or disclose certain parts of your PHI. You may also request that we not disclose your PHI to family members or friends who may be involved in your care. Your request must state the specific restrictions requested and to whom you want the restriction to apply.
- C. The right to request to receive confidential communications from us by alternative means or at an alternative location.** Requests must be made in writing to our Privacy Officer.
- D. The right to have your physician amend your protected health information.** You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. If we deny your request you have the right to file a statement of disagreement. Requests for amendment must be in writing with a reason to support the requested amendments to our Privacy Officer.
- E. The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your PHI made by the practice. This right applies to disclosures for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosure that you agreed to by signing an authorization form, disclosures for a facility directory, to friends of family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request must be made in writing with a specific time period for the accounting and given to our privacy officer.
- F. The right to restrict disclosure of PHI to a health plan if the patient pays for medical services.** You have the right to restrict disclosure to a health plan if you pay for medical services completely out-of-pocket.
- G.** You have the right to and will receive notification of breaches of your unsecured protected health information.

VI. Our duties The practice is required by law to maintain the privacy of your PHI and to provide you with the Notice of our duties and privacy practices. We are required to abide by terms of the Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. We agree to not use or disclose any PHI for marketing and/or fundraising purposes and prohibit the sale of PHI without patient's authorization.

VII. Complaints. You have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the practice by contacting the practice's privacy officer verbally or in writing. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VII. Contact person. The practice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the privacy officer. Information regarding matters covered by this notice can be requested by contacting the privacy officer. Complaints against the practice, can be mailed to the privacy officer by sending it to the office. Any person may file a complaint to the Secretary of Health and Human Services if they believe their privacy rights have been violated. All complaints shall be in writing, state the nature of the complaint, and how to contact you. You will not be retaliated against for filing a complaint, and your complaint will not affect your diagnosis or treatment we are providing you.

You may contact:

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