

# Walnut Creek Skin and Laser

## Walnut Creek Office:

2255 Ygnacio Valley Rd. Suite B-1 Walnut Creek, CA 94598 Phone: 925.945.7005

## Brentwood Office:

350 John Muir Parkway, Suite 180 Brentwood, CA 94513 Phone: 925.308.9510

[www.walnutcreekskinandlaser.com](http://www.walnutcreekskinandlaser.com) • Fax 925.945.7084

### Notice of Written Consent/Authorization Verbal/Written Disclosure of Protected Health Information HIPAA Notice of Privacy Practices

I hereby give consent/authorization Walnut Creek Skin and Laser to release either verbally or in-writing Personal Health Information (PHI) including all other medical information with regard to my care and treatment to the following individuals:

1. \_\_\_\_\_  
(NAME) (RELATIONSHIP) (RESTRICTIONS)

2. \_\_\_\_\_  
(NAME) (RELATIONSHIP) (RESTRICTIONS)

3. \_\_\_\_\_  
(NAME) (RELATIONSHIP) (RESTRICTIONS)

4. \_\_\_\_\_  
(NAME) (RELATIONSHIP) (RESTRICTIONS)

As the undersigned, I fully understand this document makes null/void any prior copies as consent/authorization for disclosure of my protected health information (PHI).

Patient Name- Signature/Date \_\_\_\_\_

Patient Name-Printed \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature/Date \_\_\_\_\_

This notice was published and became effective on or before May 21, 2013.

You may revoke this authorization at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

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## HIPAA Notice of Privacy Practices

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Walnut Creek Skin and Laser, and your legal rights regarding your protected health information held by the Walnut Creek Skin and Laser under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control the use of your protected health information.

"Protected Health Information" ("PHI") is individually identifiable health information, including demographic information, collected from you or created by a health care provider, that relates to (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

#### Our Responsibilities:

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law.

**Uses and Disclosures of Protected Health Information:** Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law. These uses include but are not limited to:

**For Treatment:** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, Walnut Creek Skin and Laser might disclose information about you to another physician who is treating you.

**For Payment:** We may use or disclose your PHI to facilitate payment for the treatment and services you receive. For example, Walnut Creek Skin and Laser, may tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for the treatment.

**For Health Care Operations:** We may use and disclose your PHI for other health care operations. These uses and disclosures are necessary to run the Walnut Creek Skin and Laser 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, the Walnut Creek Skin and Laser may use and disclose your protected health information to medical students involved in direct patient care in our office. In addition, we may use a sign-in sheet at the

registration desk to obtain your name and physician. We may also call your by name in the waiting room when you are being escorted to the back office.

**To Business Associates:** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use, or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

**Disclosures to you:** When you request, we are required to disclose to you certain portions of your PHI. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information where the disclosure was for reasons other than for payment, treatment or health care operations, and where the protected health information not disclosed pursuant to your individual authorization.

**For Appointment Reminders and Other Health Information:** The Walnut Creek Skin and Laser may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you.

**Special Situations:** We may use or disclose your PHI in the following situations without your authorization. These situations include:

**As required by Law:** Public Health issues as required by law; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Medical Examiners; Funeral Directors; Organ Donation; Research; Criminal activity; Military Activity; National Security; Worker's Compensation; Inmates – Required Uses and Disclosures; Government Audits. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500.

**Personal Representatives:** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the Privacy Rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

1. You have been, or may be, subjected to domestic violence, abuse or neglect by such person
2. Treating such person as your personal representative could endanger you; or
3. In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Authorizations:** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. Uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

**Your Rights:** Following is a statement of your rights with respect to your PHI.

You have the Right to Inspect and Copy your PHI. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of or use in, a civil, criminal or administrative action or proceeding, and PHI that is subject to law that prohibits access to protect health information.

You have the Right to Request a Restriction. You have the right to request a restriction or limitation on your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operation. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care of for notification purposes as described in this Notice of Privacy Practices. You have the right to restrict certain disclosures of PHI to a health plan where you pay out of pocket in full for the health care items or services

we provide. Your request must state the specific restriction requested and to whom you want the restriction to apply. Except in limited circumstance, or where you pay out of pocket in full, we are not required to agree to a requested restriction.

You have the Right to Request Confidential Communications. You have the right to request in writing that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You have the Right to Obtain a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

You may have the Right to Amend your PHI. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request, in writing, an amendment for as long as the information is kept by or for the Plan. If we deny your request or amendment, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI

You have the Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

You have the Right to Opt Out of Fundraising Communications. If the Walnut Creek Skin and Laser were to decide to engage in fundraising, you would have the right to opt out of receiving these fundraising communications at the time of the solicitation.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Walnut Creek Skin and Laser. You may file a complaint with Walnut Creek Skin and Laser by notifying our office of your complaint. Retaliation against any patient of this practice for filing a complaint against this practice is strictly prohibited.

Questions: If you have questions about this policy or need further information, please contact the Office Manager at 925-945-7005. This notice was published and became effective on or before May 21, 2013.