NOTICE OF PRIVACY PRACTICES

This notice describes your rights to privacy regarding protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and how medical information about you may be used and disclosed and how you can get access to this information. I understand that this information is very personal and I am committed to protecting your confidentiality. I am also required by law to make sure that medical information that identifies you is kept private (with certain exceptions), to give you this privacy notice, and to follow its terms. Please review this notice carefully. If you have questions, contact Dr. Nguyen for further explanations.

How I May Use & Disclose Your Medical Information

For treatment: I may disclose your medical information to other doctors whom I consult with about your case, to medical student interns, other medical staff involved in your care, or your family (unless you have specified otherwise in writing) if they are involved in your health care or the payment of your health care.

For payment: I may disclose medical information about you if necessary to coordinate payment from an insurance company or health savings account.

In phone messages/correspondence: I may disclose medical information about you in order to remind you about an appointment you have, send a greeting card, inquire about your health, or send periodic health newsletters that pertain to your health. This may be in the form of a phone message, letter, or email.

Research: I may disclose medical information about you for research purposes, however your identifying information will be removed from your medical record unless your permission is specifically obtained.

As Required by Law: I will disclose medical information about you when required to do so by law, for example to report the incidence of certain diseases, to report suspected abuse or neglect of children or elders, in response to a court order or warrant, etc.

To Avert Serious Threat to Health or Safety: I may disclose medical information about you when necessary to prevent a serious threat to your health and safety or that of the public or another person. Any disclosure would only be to someone able to prevent that threat.

Your Rights Regarding Medical Information About You

Right to Inspect and Copy: You have the right to inspect and request a copy of medical information and billing records, but this may not include some mental health information. To inspect or request a copy, you must provide a written request in advance to Dr. Nguyen. You may be charged a fee for the costs of copying and mailing your request.

Right to Amend: You have the right to amend your medical information if you feel it is incorrect or incomplete. To request an amendment, you must provide a written request to Dr. Nguyen including a reason that supports your request.

Right to an Account of Disclosures: You have the right to request a list of the disclosures made of your medical information, other than those made for purposes of your treatment, payment, or correspondence.

Right to request restrictions: You have the right to request restrictions on the disclosure of you health information, for example, that I do not disclose to a particular family member. I am not required to agree with that request, but will comply when possible.

Complaints

If you believe your rights have been violated, you may file a complaint with Dr. Alysa Nguyen directly, or with the Secretary of the Department of Health.