

DESERT MEDICAL REJUVENATION

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NOTICE OF HEALTH INFORMATION PRACTICES

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

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment.

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal documentation describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your Health information
- Make more informed decisions when authorizing disclose to others

Your health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a paper copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Provider Responsibilities:

This office is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- We will not use or disclose your health information without our authorization, except as described in this notice
- This office reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post those changes at this office.

PAGE 2 OF 2
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Examples of Disclosure for treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by nurse, P.A.C., Nurse Practitioner. Or other member of your healthcare team will be in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations. Your physician may request ancillary or specialty care services. Those providers will record their care services. Those providers will record their care in their records and copy your physician on their observations. In that way, the physician will know how you are responding the treatment.

This office will use your health information for payment/encounter data.

For example: a bill may be sent to you or a third party payer or HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Procedures, and supplies used.

This office will use your health information for regular health operations.

For example: Members of the Utilizations Review Committee or Quality Improvement Council may use information in health record to assess the care and outcomes in your case. This information will then be uses in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Research: This office may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Funeral Directors: This office may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Patient Education: This office may give you name, phone number, and diagnosis to the Health Education Department who will contact you to provide appointment reminder or information bout treatment alternatives or other health related benefits and services that may be of interest to you.

Workers Compensation/TPL: This office may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or third party or other similar programs established by law.

Public Health: As required by law, this office may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

IEITS- Inland Empire Immunization Tracking System: This office may report immunization information to be included in the statewide database accessed only by healthcare providers, database managers, and public officials.

Correctional Institution: Should you be an inmate of a correctional institution, this office may disclose to the institute or agents thereof health information necessary for you health and the health safety of other individual.

Law Enforcement: This office may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal and state law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney to evaluate professional or clinical standards.

Patient or Responsible Party Signature

Date