

HIPAA NOTICE OF PRIVACY PRACTICES (KEEP FOR YOUR INFORMATION)

** indicates a required field*

Elizabeth L. Ward, M.D.

447 Sutter Street Ste 405 PMB 1339
San Francisco, CA 94108
Office Phone: (415) 498-0481
Office Fax: (415) 903-9426

Effective Date: November 1, 2023

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. If you have any questions, please contact me at: (415) 498-0481.

I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. I maintain records of the medical care I provide and may receive such records from others. I use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable me to meet professional and legal obligations to operate this medical practice properly. I am required by law to maintain the privacy of protected health information and to provide individuals with notice of my legal duties and privacy practices with respect to your protected health information. This notice describes how I may use and disclose your medical information. It also describes your rights and my legal obligations with respect to your medical information. If you have any questions about this Notice, please contact me.

Described as follows are the ways I may use and disclose your health information. Except for the following purposes, I will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to me.

A: HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION (PHI):

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 a chart, in administrative files, and on a computer. The medical record is the property of this medical practice, but the information in the medical record is accessible to the patient. This information is considered protected health information (PHI) under the HIPAA Privacy Rule. The law permits me to use or disclose PHI for the following purposes without the patient's written authorization:

1. For Treatment: To provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with another provider, or referral to another provider for diagnosis and treatment. For example, I may share information with other physicians or health care providers who provide services that I do not provide or with a pharmacist who needs it to dispense a prescription, or a laboratory that performs a test. I may also disclose medical information to members of patient's family or others who can help them when they are sick or injured.
2. For Payment: Your protected health information may be used or disclosed to obtain payment for the services I provide. For example, I may give information to your insurance health plan so that they will reimburse you for your treatment.
3. For Health Care Operations: To evaluate, support and improve medical care and to operate and manage this practice. For example, I may use and disclose PHI to a peer review organization to review and improve the quality of care that I provide. Or I may use and disclose this information to get insurance health plans to authorize services or referrals. I 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. I may also share PHI with my "business associates", such as billing services, telehealth services, or electronic medical record services that maintain information, provide administrative services, or enable communication. I have a written contract with each of the business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI. Although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan, health care clearinghouse, or business associates, California law prohibits all recipients of health care information from further disclosing it except as specifically required or permitted by law.
4. For Communication: To provide appointment reminders, via text, email, or voicemail message.

5. For Notification and Communication with Family or others involved in your care: When appropriate, I may share your PHI with a person involved in your care (such as your family or a close friend) as allowed by law (see CRS 27-10-120 and 27-10-120.5). This could include contacting a family member during a crisis or mental health emergency.

6. Serious threat to Health or Safety, as required by law: As required by international, federal, state or local law, I will use and disclose PHI, but I will limit my use or disclosure to the relevant requirements of the law. Cases of abuse, neglect, or domestic violence can be reported. Disclosures will be made only to someone who can help prevent the threat.

7. Disaster Relief: To identify, locate, or notify your family member or persons responsible for you in a disaster relief effort.

8. Marketing, Treatment Alternatives and Health-Related Information: Provided I do not receive any payment for making these communications, I may contact you to encourage you to purchase or use products or services related to their treatment, or direct you to other treatments, therapies, health care providers, or settings of care that may be beneficial to your treatment. For example, giving you the name of mental health websites.

9. Public Health Activities: To a public health authority for public health activities for purposes included but not limited to: preventing or controlling disease, injury, or disability; reporting births, deaths, suspected child, elder or dependent adult abuse or neglect, reporting domestic violence, reporting non-accidental physical injuries, reporting to the Food and Drug Administration problems with reactions to medications or product malfunctions or injuries, or product recall notifications, and reporting disease or infection exposure. When reporting suspected elder or dependent adult abuse or domestic violence, I will inform my patients or their personal representative promptly unless in my professional judgment, I believe the notification would place a patient at risk of serious harm or would require informing a personal representative I believe is responsible for the abuse or harm.

10. Health Oversight Activities: To a health oversight agency during the course of audits, investigations, inspections, licensure or other proceedings, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.

11. Judicial Lawsuits and Disputes: In the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. In response to a subpoena, discovery process request or other lawful process if reasonable efforts have been made to notify the patient of the request and they have not objected, or if their objections have been resolved by a court or administrative order.

12. Law Enforcement: To law enforcement officials for law enforcement purposes, so long as applicable legal requirements are met. For purposes including but not limited to: Complying with a court or administrative order, subpoena, warrant,

summons or similar process; Identifying or locating a suspect, fugitive, material witness or missing person; If the information is about the victim of a crime even if, under certain very limited circumstances, I am unable to obtain your agreement; If the information is about a death that may be the result of criminal conduct; If the information is relevant to criminal conduct on the premises; If the information is needed in an emergency to report a crime, the location of a crime or victims, or the identity, descriptions, or location of the person who may have committed the crime.

13. Coroners, Medical Examiners: To a coroner or medical examiner, as necessary to allow him/her to carry out his/her job. For example, I may help to identify a deceased person or provide information on what could have caused their death.

14. National Security; Intelligence Activities; Protective Service: To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to protection of the President, other authorized persons, or related to the conduct of special investigations, or if there is a risk to national security.

15. Organ and Tissue Donation: If you are an organ or tissue donor, to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.

16. Public Safety: To appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. Workman's Compensation: To worker's compensation or similar programs that provide benefits for work-related injuries or illness, to the extent required by law. For example, to the extent my patient's care is covered by workers compensation, I will make periodic reports to their employer about their conditions. I am also required by law to report cases of occupational injury or occupational illness to the employer or workers compensation insurer.

18. Change of Ownership: In the event that this medical practice is sold or merged with another organization, patient's health information will become the property of the new owner, although patients will maintain the right to request that copies of their PHI be transferred to another physician or medical group.

19. Breach Notification: In the case of a breach of unsecured protected health information, I will notify my patients as required by law. This notification could be sent by phone, email or other methods as appropriate.

20. Military and Veterans: As required by military command or other government authority for information about a member of the domestic or foreign armed forces. If you are a veteran, you may be entitled to rights and I may be subject to restrictions regarding the use and disclosure of your protected health information other than as set forth in this Notice. At all times, I will comply with the applicable requirements of the Department of Veteran Affairs regarding the use and

disclosure of your protected health information.

Other disclosures specified in this Notice of Privacy Practices include:

21. Psychotherapy Notes: I will not use or disclose my patient's psychotherapy notes without their prior written authorization except for the following: (1) treatment, (2) to defend myself if the patient sues me or brings some other legal proceeding, (3) if the law requires me to disclose the information to the patient or the Secretary of HHS or for some other reason, (4) in response to health oversight activities concerning the patient's psychotherapist, (5) to avert a serious threat to health or safety, or (6) to a coroner or medical examiner following the patient's death. To the extent the patient revokes an authorization to use or disclose their psychotherapy notes, I will stop using or disclosing these notes.

22. For Research: For research purposes under limited circumstances. Research projects are subject to a special approval process. Therefore, I will not use or disclose your protected health information for research purposes until a particular research project has been approved through this special approval process. You may choose not to participate in the research project without risking the care or services you receive.

B: NOTICE REGARDING ADDITIONAL PRIVACY PROTECTIONS:

1. HIV Information: Additional privacy protections apply for people who have HIV or AIDS (see CRS 25-4-1 and CRS 25-4-14). I cannot tell anyone anything about your HIV status without your consent in writing.

2. Substance use disorders: Additional privacy protections apply for people who are receiving services related to a substance use disorder (see 42 U.S.C. §290dd-2. 42 CFR Part 2). Generally, I may not disclose any information that identifies you as a person that has or had a substance use disorder, or receives services related to a substance use disorder, unless: You consent in writing to the disclosure; or the disclosure is made to a qualified service organization with which I have a written agreement; or the disclosure is required by a court order; or the disclosure is made to medical personnel in a bona fide medical emergency or to qualified personnel for certain research, audit, or program evaluations.

C: YOUR RIGHTS REGARDING YOUR OWN HEALTH INFORMATION:

1. Right to Request Special Privacy Protections: Patients have the right to request restrictions on certain uses and disclosures of their protected health information to specific persons or agencies/organizations. This request must be submitted in writing and must specify what information they want to limit, to whom, and what limitations on my use or disclosure of that information they wish to have imposed. If my patient tells me not to disclose information to their commercial health plan concerning health care items or services for which they paid for in full out-of-pocket, I will abide by their request, unless I must disclose the information for treatment or legal reasons. I reserve the right to accept or reject any request and will notify my patient of this decision. If approved, such restrictions do not apply in an emergency situation.

2. Right to Request Confidential Communications: 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 I send information to a particular email account or to their work address. I will comply with all reasonable requests submitted in writing which specify how or where my patients wish to receive these communications.

3. Right to Inspect and Copy: Patients have the right to inspect and copy their health information, with limited exceptions. To access their medical information, patients must submit a written request detailing what information they want access to, whether they want to inspect it or get a copy of it, and if they want a copy, their preferred form and format. I will provide copies in the requested form and format if it is readily producible, or I will provide patients with an alternative format they find acceptable, or if we can not agree and the records are maintained in an electronic format, their choice of a readable electronic or hard copy format. I will also send a copy to any other person my patient designates in writing. I will charge a reasonable fee which covers my costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. Under limited circumstances I may deny a patient's request for records. If I believe allowing access would be reasonably likely to cause substantial harm to the patient is one example. If I deny a request to access the records of an incapacitated adult because I believe allowing access would be reasonably likely to cause substantial harm to the patient, the guardian or legal representative will have a right to appeal my decision. If I deny a patient's request to access their psychotherapy notes, patients have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement: Patients have the right to request that I amend their health information if they believe it is incorrect or incomplete. Patients must make a request to amend in writing, and include the reasons they believe the information is inaccurate or incomplete. I am not required to change the patient's health information, and will provide them with information about this medical practice's denial and how they can disagree with the denial. I may deny their

request if I do not have the information, if I did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if they would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If I deny a request, patients may submit a written statement of their disagreement with that decision, and I may, in turn, prepare a written rebuttal. Patients also have the right to request that I add to their record a statement of up to 250 words concerning anything in the record they believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures: Patients have the right to ask for a list of people or agencies/organizations who received protected health information about them from this medical practice. This list would not include people or agencies covered under the exceptions described above in this notice. This request must be submitted in writing.

6. Right to Paper Copy of Notice of Privacy Practices: Patients have the right to receive notice of my legal duties and privacy practices with respect to their protected health information, including the right to a paper copy of this Notice of Privacy Practices, even if they have previously requested its receipt by email. This Notice of Privacy Practices is available on my website.

D: CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

Elizabeth Ward, M.D. reserves the right to amend the privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, I am required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that I maintain, regardless of when it was created or received. I will keep a copy of the current notice which will be available at any time. You have the right to request a paper copy of the current notice at any visit or by written request to Dr. Ward.

E: ASSISTANCE OR COMPLAINTS:

You may ask Dr. Ward for assistance in understanding your rights. If you have a complaint related to the privacy of your healthcare information, please contact me directly at the above contact information. If you are not satisfied with how I handle a complaint or if you don't feel I have handled your concern, you may also submit a formal complaint to:

Region IX

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(800) 368-1019; (800) 537-7697 (TDD)
(202) 619-3818 (fax)
OCRMail@hhs.gov

*** I acknowledge that I have received a copy of HIPAA Notice of _____
Privacy Practices.**

I consent to sharing information provided here.

*** Date:**

Legal Guardian signature (if patient is unable to sign):

Date: