**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.**

**Summary and duties:** Protected health information includes information about you that can be used to identify you, your health or condition, your diagnosis, healthcare services provided to you or the payment for such healthcare. This notice describes the ways in which we may use and disclose your protected health information. With some exceptions, we may not use or disclose any more of your protected health information than is necessary to accomplish the purpose for which the use or disclosure is being made. We are required by law to maintain the privacy of your protected health information as described herein and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information. We are required to follow the terms of this notice that is currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. If revised, we will post the new notice in our office as well as on any web site our practice might have at that time as well as notify you and provide you with a revised copy upon request. Except when required by law, a material change to any term of this notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

**How we may use and disclose your protected health information:**

We may use and disclose your health information for many different reasons. Some of the uses or disclosures will require your prior authorization; however, others will not. Below, you will find the different categories of the uses and disclosures, with some examples.

1. **Some permitted uses and disclosures related to treatment, payment or healthcare operations do not require your authorization with certain limits and protections.**

**For treatment**: We may use or disclose your protected health information for certain treatment related activities. For example, we may communicate certain information in your medical record to another doctor or healthcare professional or entity that is treating you or involved in your medical care such as a pharmacy for the purpose of coordinating your care and ensuring you get the correct medication and dosage. Also, for example, if you are unable to provide authorization due to being incapacitated in an emergency situation such as an accident, we may make such uses and disclosures of your protected health information (such as the names of your prescription drugs) to a health care provider (such as an emergency room physician or nurse), if in our professional judgment, such use or disclosure is in your best interest and safety.

**For payment**: for example, we may use or disclose your protected health information as part of a claim to a health plan for payment purposes. This may include information that identifies you as well as your diagnosis and the services provided by us to you.

**For healthcare operations**: for example, we may use or disclose your protected health information for the purpose of training healthcare and non- healthcare professionals or reviewing their competence or qualifications for quality improvement.

1. **Certain other uses and disclosures of protected health information do not require your prior authorization subject to specific conditions and limitations:**

**When disclosure is required by law**: including by statute, regulation or court order. For example, we may disclose protected health information to the appropriate officials when required by law to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.

**For public health activities**: for example, we may disclose certain protected health information about you to public health authorities authorized by law to collect and receive such information for the purpose of preventing or controlling disease, injury or disability; or subject to FDA regulation regarding FDA regulated products for purposes such as adverse event reporting such as reporting reactions to medications you may have or other such lawful activities authorized by law.

**For victims of abuse, neglect or domestic violence**: for example, we may disclose certain protected health information about you as required by law to the appropriate government authorities if we have a reasonable suspicion of either elder, dependent and/ or child abuse and/or neglect.

**For health oversight activities**: for example, we may disclose your protected health information to health oversight agencies for the purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the healthcare system and government benefit programs.

**Judicial and administrative proceedings**: for example, we may disclose your protected health information in a judicial or administrative proceeding such as a lawsuit or other legal action, in response to an order from a court or administrative tribunal.

**Law enforcement purposes**: for example, we may disclose your protected health information to law enforcement officials as required by law under a court order, court ordered warrant or subpoena; to identify or locate a suspect, fugitive, material witness or missing person; to report a crime, the crime’s location or victims, the identity, description, or location of the person who committed the crime.

**Coroners, medical examiners, and funeral directors**: for example, we may disclose your protected health information to a coroner or medical examiner to identify a deceased person, or determine the cause of death and perform other functions as required by law.

**Serious threat to health or safety**: for example, we may use and disclose your protected health information when necessary to prevent a serious and imminent threat to your health and safety, or the health and safety of the public or another person.

**Essential government functions**: for example, we may use or disclose your protected health information when required by law: in the interests of national security or assisting with intelligence operations; for protection of the health and safety of inmates or employees in a correctional Institution.

**Research**: under certain circumstances and with appropriate documentation and representations from appropriate authorities, we may use or disclose your protected health information for medical research purposes.

**Workers’ compensation**: for example, we may use or disclose your protected health information to the extent authorized by and to the extent necessary to comply with workers compensation laws and other similar programs.

**Appointment reminders**: we may use your protected health information to provide you with appointment reminders.

1. **Certain uses and disclosures of your protected health information require you to have the opportunity to object:** for example, we may provide your protected health information to a family member, friend, or other individual you indicate is involved in your care or responsible for the payment for your healthcare, unless you object in whole or in part. If you are incapacitated, in an emergency situation, or not available, we may make such uses and disclosures, if in our professional judgment, the use or disclosure is in your best interest.
2. **Other uses and disclosures require your prior written authorization:** In any of the situations not described above, we will request your prior written authorization before using or disclosing your protected health information. You have the right to revoke the authorization, in writing, at any time to stop any subsequent future uses and disclosures. However, we will not be able to reverse any uses or disclosures already made in reliance on your prior authorization.

**Your individual rights regarding your protected health information:**

**Right to a paper copy of this notice:** You have the right to request a paper copy of this notice from us.

**Access:** You have the right to review and get copies of your protected health information but for certain exceptions such as psychotherapy notes or information compiled for legal proceedings. You may submit your request in writing to us. If your request is approved, you will be charged a reasonable fee for the cost of copying and/ or mailing your health information. In certain specified situations, we may deny your request for information included within your right of access such as when we believe that access to this information can cause harm to you or someone else. You have the right to have denials of your requests of information included within your right of access reviewed by a licensed healthcare professional for a second opinion.

**Amendment**: You have the right to have your protected health information amended if you believe it is inaccurate or incomplete. Your request and the reason for the request must be made in writing to the contact person listed on this notice below. If we approve your request, we will inform you and provide the amendment to you as well as make reasonable efforts to provide it to other persons or entities you identify as needing it. We may deny your request if we find that the information in question is (a) accurate and complete, (b) not created by us, (c) not part of our records or (d) information that you would not be permitted to inspect or copy. If your request is denied, we will provide you with a written denial and allow you to submit a statement of disagreement for inclusion in the record.

**Disclosure accounting:** you have the right with certain limitations to request a list of disclosures made by us of your protected health information within the last six years. You may submit a detailed request in writing for this purpose to the contact person listed below in this notice. There may be a charge for more than one request per 12 month period.

**Restriction request:** You have the right to request restrictions on the use or disclosure of your protected health information for treatment, payment or healthcare operations, disclosure to persons involved in your healthcare or payment for healthcare, or disclosure to notify family members or others about your condition or location. We are under no obligation to agree to requests for restrictions not required by law. To request restrictions, make your request in writing to the contact person below with the following details: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; (3) to whom you want the limits to apply. If we agree to your request, we will comply with the agreed restrictions, except as required by law or for the purposes of treating you in a medical emergency or until you revoke your request or we notify you that we are revoking the request.

**Confidential communications**: you have the right to request an alternative or preferred means or location to receive communications or protected health information from us such as an alternate address or phone number. You may make such request in writing to the contact person listed below.

**Complaints:** if you believe that your privacy rights under this policy have been violated, or that we have not been compliant with the policies and procedures in this notice, you may file a complaint with the contact person listed below for this notice or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**Contact Person /** **Privacy officer**:If you have any questions about this notice, please contact our privacy officer: Inder Bhanver, M.D., Managing Member at: 5365 Mae Anne Ave, Suite A35, Reno NV 89523. Phone: 1-775-787-6463.

**Effective date of this notice:** May 1, 2011.

I hereby acknowledge receipt of all Pages 1 to 4 inclusive of the above HIPAA notice of privacy practices.

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Patient Name Patient Signature Date of Signature

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Legal Guardian Name Relationship of Legal Guardian to Patient Legal Guardian Signature Date of Signature

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