

Patients' Rights

1. You have the right to inspect and copy your ePHI/PHI. Under federal law, however, you may not inspect or copy the following records information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected healthcare information that is subject to law that prohibits access. In some circumstances, you may have a right to have this decision reviewed. You may request a copy of your ePHI in electronic form.
2. You have the right to request a restriction of your protected healthcare information. This means you may ask us not to use or disclose any part of your ePHI/PHI for the purposes of treatment, payment or healthcare operations, marketing, fundraising or sale of ePHI/PHI. You may also request that any part of your ePHI/PHI may not be disclosed to family members or friends who may be involved in your care. You may request the restriction of disclosure of information to your health plan if you personally paid for your services in full. Your request must state the specific restriction requested and to whom you want the restriction to apply.
3. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your ePHI/PHI, your ePHI/PHI will not be restricted. If your physician does agree to the requested restrictions, we may not use or disclose your ePHI/PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by putting a description of your restriction in writing to your physician.
4. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.
5. You may have the right to have your physician amend your protected health care information. This means you may request an amendment of ePHI/PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

6. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected healthcare information. The right applies to disclosures for purposes other than those described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members of friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations. In the case of a breach of ePHI/PHI you will be notified in writing by this office.

7. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

8. 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 us. You may file a complaint with us by notifying us in writing. We will not retaliate against you for filing a complaint.

About this notice

We may change the terms of our notice at any time. The new notice will be effective for all ePHI/PHI that we maintain at that time. You can get a copy of any revised Notice of Privacy Practices by calling the office at 310-784-8389 and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

This document was last revised in September 2013 to comply with the HIPAA Omnibus Final Rule.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information.

Please review it carefully.

James D. Wethe, MD

3440 Lomita Boulevard, Suite 220
Torrance, California 90505

310-784-8389

JAMES D. WETHE, MD