

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 or 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

James D. Wethe, MD complies with the HIPAA (Health Insurance Portability and Accountability Act of 1996) regarding the *security* and *confidentiality* of your medical record information. The following is a summary of your rights regarding the privacy of your protected healthcare information (E PHI/PHI).

Your Medical Record

Each time you visit a hospital, physician, or healthcare provider, a record of your visit is made. This record contains your symptoms, examination and test results, diagnosis treatments and a plan for future care of treatment. Medical records are considered 'protected healthcare information' or PHI. In electronic form, they are referred to as ePHI.

1. Uses and Disclosures of Protected Healthcare Information

James D. Wethe, MD is required to protect the privacy of your medical/health information. We respect the privacy and confidentiality of your protected healthcare information.

ePHI/PHI (Electronic/Protected Healthcare Information – your medical record) may be used and released by your physician or other medical practitioner and by our office staff and others outside of our office who are involved in your care and treatment:

- For the purpose of providing quality health care services to you.
- For the purpose of paying your health care bills
- To support the normal business operations of the physician's practices
- To participate with government compliance activities to prevent fraud and abuse.

You may at any time request a listing of our business associates and normal business activities that may require the disclosure of your ePHI/PHI.

- We will make all reasonable efforts to communicate your rights in a language you understand.
- We will only release information to someone other than you, if you have named another individual to us as an authorized party to receive your ePHI/PHI.
- In the event of an emergency, we will make all reasonable efforts to secure consent from you prior to treatment.
- If you are unable to provide consent, we will only release information from your medical record that is minimally necessary for someone to provide care to you safely and we will notify you of that released medical record information when it is more appropriate.

2. Treatment

We may disclose your ePHI/PHI to other third parties, including physicians, specialists, laboratory technicians, and hospital

personnel in order to provide, manage, and/or coordinate your health care and other related services.

3. Payment

Your ePHI/PHI will be used as needed to obtain payment for your health care services that includes allowing your health insurance company to review your ePHI/PHI for medical necessity.

4. Healthcare and Business Operations

We may use or disclose your ePHI/PHI in order to:

- Perform quality assessment activities
- Conduct employee review activities
- Assist in the training of medical students
- Complete government compliance activities and internal clinical studies
- Provide you with educational information about treatment alternatives or other health-related information
- Send you information about our organization that we believe will be useful to you. You may contact us to request that these materials not be sent to you.

5. Federal, State, and Local Law Enforcement

We may use or release your ePHI/PHI as required for law enforcement purposes. These law enforcement purposes include:

- Legal processes and otherwise as required by law
- Limited information pertaining to victims of a crime
- Suspicion that death has occurred as a result of criminal conduct
- In the event that a crime occurs on the premises of the practice or
- Medical emergency and it is likely that a crime has occurred (not on the premises)
- Judicial or administrative proceedings
- In response to an order of a court or administrative tribunal (the extent such disclosure is expressly authorized)
- In certain conditions in response to a subpoena, discovery request or other lawful process

- To prevent or lessen a serious and immediate threat to the health or safety of a person or the public
- As necessary for law enforcement authorities to identify or apprehend an individual
- To comply with worker's compensation law and other similar legally-established programs.

6. Public Health

We may release your ePHI/PHI to a public health authority as required by law for purposes of:

- Controlling disease, injury or disability, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition
- To receive reports of child or adult abuse, neglect, or domestic violence.

7. Government Agencies

We may release ePHI/PHI to a government health oversight agency that oversees the healthcare system, its government benefit and regulatory programs and/or civil right laws for activities authorized by law to:

- Perform provider chart audits
- Perform investigations
- Perform inspections
- Report adverse events, product defects or problems, biologic product deviations, and to track products
- Enable product recalls; to make repairs or replacement.
- Conduct post marketing surveillance or for activities deemed necessary by appropriate military command authorities for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military service.
- Assist authorized federal officials in conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

8. Coroners, Funeral Directors, and Organ Donation

We may release EPHI/PHI to a coroner, medical examiner, and/or funeral director as follows:

- For identification purposes
- For use in determining cause of death
- For the coroner or medical examiner to perform other duties authorized by law
- In reasonable anticipation of death
- For cadaveric organ, eye or tissue donation purposes.

9. Research

We may release your ePHI/PHI to researchers when their research has been approved by an institutional review board which has reviewed the research proposal and established protocols to ensure the privacy of your ePHI/PHI.

We may use or release your ePHI/PHI if you are in inmate of a correctional facility and your physician created or received your ePHI/PHI in the course of providing care to you.