

The Incontinence & Pelvic Support Institute
NOTICE OF PRIVACY PRACTICES

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.

It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to our practice and its physicians and staff for purposes of treatment, payment and healthcare operations (TPO).

This Notice of Privacy Practices describes how the Incontinence & Pelvic Support Institute (IPSI) may use and disclose your protected health information (PHI) in order to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

IPSI is required to abide by the terms of this Notice. However, we may modify the terms of this Notice at any time, and the new notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with any revised Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

Your PHI may be used and disclosed by IPSI's physicians, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health reasons, for auditing purposes, for research studies and for emergencies. Our practice and its physicians and staff will not use or disclose PHI for uses outside of practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the patient.

Treatment

IPSI may use and disclose your PHI 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. For example, we would disclose your protected health information, as necessary, to a provider to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations

IPSI may use or disclose, as necessary, your PHI in order to support the business activities of our practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We 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. We may also share your PHI with our "business associates", such as our information system service, that provides computer support services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your PHI. Although federal law does not protect PHI, which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically

required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

In addition to the above mentioned uses of your PHI related to treatment, payment and health care operations IPSI may also use your PHI for the following purposes:

Appointment Reminders

IPSI may use and disclose PHI, as necessary, to contact you to remind you of your appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Sign In Sheet

IPSI may use and disclose, as necessary, PHI about you by having you sign in when you arrive at our office. You will be asked to indicate on the sign-in sheet if there has been a change in your address, phone number, or insurance information. We may also call out your name when we are ready to see you.

Notification and Communication with Family

IPSI may disclose, as necessary, your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Marketing

IPSI may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not otherwise use or disclose your PHI for marketing purposes without your written authorization.

Required by Law

As required by law, we will use and disclose your PHI as necessary, but we will limit our use or disclosure to the relevant requirements of the federal, state, or local law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

In addition to the above described uses and discloses of your PHI, IPSI may also use and disclose your PHI under the following unique circumstances:

Public Health

IPSI may, and is sometimes required by law to disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities

IPSI may, and is sometimes required by law to disclose your PHI to health oversight agencies for activities authorized by law. Oversight activities can include, for example, audits, investigations, inspections, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings

IPSI may use and disclose, as necessary, your PHI in response to a court administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement

IPSI may, and are sometimes required by law, to disclose your PHI to a law enforcement official for purposes such as regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; concerning a death we believe might have resulted from criminal conduct; regarding criminal conduct at our office; in response to a warrant, summons court order, subpoena or similar legal process; to identify and/or locate a suspect, material witness, fugitive or missing person; and in an emergency, to report a crime (including the location of the victim(s) of the crime, or the description, identity or location of the perpetrator).

Coroners

IPSI may, and is required by law, to disclose your PHI to coroners in connection with their investigations of deaths.

Organ or Tissue Donation

IPSI may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.

Serious Threats to Health or Safety

IPSI may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military

IPSI may use and disclose your PHI if you are a member of the United States or foreign military forces (including veterans) and if required by the appropriate military command authorities.

National Security

IPSI may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates

IPSI may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation

IPSI may disclose your PHI to comply with worker's compensation and similar programs. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Change of Ownership

In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your PHI be transferred to another physician or medical group.

Research

IPSI may disclose your PHI to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR PHI

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose PHI which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

YOUR RIGHTS

The Right to Request Special Privacy Protections

You have the right to request restrictions on certain uses and disclosures of your PHI, by a written request specifying what information you want to limit and what limitations on or use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

The Right to Request Confidential Communications

You have the right to request that you receive your PHI in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with the reasonable requests submitted in writing which specify how or where you wish to receive these communications.

The Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI that we maintain and have in our possession, including medical records and billing records, but not including psychotherapy notes. If you request copies, we will charge you a fee for the costs of copying, mailing, labor and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Under certain circumstances we may deny your request to inspect and copy your PHI. If you are denied access to medical information, you have a right to have that determination reviewed. A licensed health care professional chosen by IPSI will review your request and the denial. The person conducting the review will not be the person who denied your request. IPSI promises to comply with the outcome of the review.

The Right to Amend Your PHI

If you feel that any PHI we have about you is not correct or incomplete, you may ask us to amend this information. You have the right to request an amendment for as long as the information is kept by IPSI. To request an amendment, your request must be made in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your PHI, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by IPSI, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for IPSI; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

The Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of your PHI made by this medical practice. An accounting of disclosures is a list of the disclosures we have made, if any, of your PHI. You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made

to carry out treatment, payment and health care operations, notification and communication with family, and specialized government functions as described in this notice or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

Your request must be made in writing and state a time period that cannot be longer than six years and cannot include any dates before April 13, 2003. Your request should indicate in what form you want the list (e.g. paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected PHI that we maintain, regardless of when it was created or received. We will present to you a copy of this Notice of Privacy Practices at your initial appointment. We will also post the current notice in our reception area and on our website.

The Right to Obtain a Paper Copy of this Notice

You have a right to a paper copy of the Notice of Privacy Practices, even if you have previously requested its receipt by email. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your PHI should be directed to our Privacy Officer at 949/364-4400.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.