

(About Our Practice- Privacy Policy)

## Notice of Privacy Practices for Kathryn M. Gardner, M.D.

**This notice describes how protected health information (PMI) about you, a patient of the practice of Kathryn M. Gardner, M.D., may be used or disclosed, and how you can gain access to it.** This document is a requirement of the privacy regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). You are entitled to receive a copy of this Notice of Privacy Practices. We are entitled to change the terms of this notice at any time, and will provide you with a revised Notice of Privacy Practices upon your request.

**Our practice is dedicated to maintaining your privacy and the confidentiality of your protected health information.** Our Practice Privacy Officer is Dr. Kathryn Gardner, who is available during our office hours at (310) 451-3911. Complaints should be submitted to her in writing, and no patient will be penalized for filing a complaint. Complaints may also be filed with the Secretary of the Department of Health and Human Services.

**You will be asked to sign a consent form to allow the use and disclosure of your PMI by Dr. Gardner, her staff, and others outside our office for the purpose of providing for your care and treatment, for payment, and for healthcare operations:**

- 1) **Care and Treatment-** We will use and disclose your PMI in order to provide, coordinate and manage your health care and any related services. For example, this may include communication with physicians who have referred you or to whom you are referred by our practice for further care. This may also include communication with pharmacies, optical dispensing businesses, laboratories and diagnostic centers that is necessary for your ongoing medical care.

- 2) **Payment** –Your PMI may be used, as needed, to obtain payment for your health care services. We do not perform electronic billing of Medicare or any insurance company through this office.
- 3) **Healthcare Operations**- We may use or disclose your PMI to support the business activities of the practice, including quality assessment activities, employee review, teaching or licensing. For example, we require your initials on our sign-in sheet, and may call you by name from our waiting room when the physician is ready to see you. We may also use or disclose your PMI in our effort to contact you to remind you of your appointment.

**There are some PHI uses and disclosures we can make without your written authorization to which you have the opportunity to agree or object:**

- 1) We may disclose PHI about you to a family member or any other person identified by you if that information is directly relevant to that person's involvement in your health care. If you are present, we may only use or disclose PHI if you do not object. If you are not present or able to consent or object, we may exercise professional judgment in determining whether disclosure of your PMI is in your best medical interests.
- 2) We may also use and disclose PHI to notify such persons of your location, general condition or death.

**There are some PHI uses and disclosures we can make without your written authorization or opportunity to agree or object:**

- 1) **Required By Law**- We may use and disclose PHI as required by federal, state or local law. We may respond to subpoenas and discovery requests when efforts have been made to advise you of the request.
- 2) **Public Health Activities**- We may use and disclose PHI to public health authorities or to other authorized persons to carry out certain activities related to public health, and to avert a serious threat to public health and safety.
- 3) **Cases of Abuse, Neglect or Domestic Violence**

- 4) Coroners, Medical Examiners, Funeral Directors
- 5) Organ and Tissue Donation

**These are your rights regarding your Protected Health Information:**

- 1) **Right to request additional restrictions** on the PHI that we may use or disclose for treatment, payment and health care operations. You may also restrict our disclosure of PHI to individuals involved in your care. **We are not required to agree to your request** in certain cases where information is needed in an emergency.
- 2) **Right to receive confidential communications in a certain manner or at a certain location.** Your request must be made in writing.
- 3) **Right to inspect and copy your PHI.** If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.
- 4) **Right to amend.** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. This process requires a written request to our Practice Privacy Officer stating the reason for the amendment. We retain the right to deny this request.
- 5) **Right to receive an accounting of disclosures.** You have the right to request that we account for certain disclosures that we have made of HPI about you. This is a list of disclosures made by us during a specified period of up to 6 years **other than** disclosures made for treatment, payment, health care operations; to family or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain legal notification purposes; and as incidental disclosures that occur as part of otherwise permitted disclosures. Your request must be in writing, submitted to our Practice Privacy Officer.
- 6) **Right to file a complaint.** If you feel your privacy rights have been violated, you may file a written complaint with our Practice Privacy Officer. You will not be penalized for filing a complaint.
- 7) **Right to a paper copy of this notice.** You have a right to receive a copy of this Notice at any time. Please contact our Practice Privacy Officer.

