

3. Right to inspect and copy- You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or make a copy of it. Copying is done by an outside copy service and they will bill the requesting party. We may deny your request under limited circumstances and will notify you in writing of the reason for that denial.

4. Right to amend or supplement- You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, 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 we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. 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.

5. Right to an accounting of disclosures- You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (healthcare operations) and 6 (notification and communication with family).

6. You have a right to a paper copy of this Notice of Privacy Practices.

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 health information that we maintain, regardless of when it was created or received. We will keep a copy of the current

Notice posted in our reception area, and will offer you a copy at each appointment.

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed on the front of this handout.

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 Ave., S.W.
Room 509F HHH Building
Washington DC 20201

You will not be penalized for filing a complaint.

We're here to help!

**Coastal Neurological
Medical Group**
9850 Genesee Ave, Suite 860
La Jolla, CA 92037

Dee E. Silver, M.D.

Neurology
Movement Disorders
Electroencephalography
Electromyography
Evoked Responses
Electronystagmography
DBS

Privacy Officer- Kania
858-453-3842
Effective Date: 12-08-03
Updated: 06-24-15

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. Please contact our privacy officer listed above if you have any questions.

How this medical practice may use or disclose your PHI

PHI is stored in your chart or on a computer; this is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

1. Treatment- We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other healthcare providers who will provide services which we do not provide. Or we may share this information with your pharmacist, the laboratory performing testing or to a family member if you are sick or injured.
2. Payment- We use and disclose medical information about you to obtain payment for the services we provide.
3. Healthcare Operations- We may use and disclose medical information about you to operate this medical practice. We may use your medical information to obtain an insurance referral, for medical reviews, legal services and audits, including fraud and abuse detection, or to assist in internal office training to improve the quality of care we provide. Also, our business associates, cleaning personnel, service techs, and billing clearinghouse may have access to your medical records. We have a written contract with each of these and any business associates that contains terms requiring them to protect the confidentiality of your medical information.
4. Appointment Reminders- We may use and disclose medical information to contact and remind you about 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.
5. Sign in sheet- We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name during the check in process.
6. Notification and communication with family- We may disclose your health information 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. If you are able and available to agree or object, we will give you the opportunity to before 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.

7. Required by law- As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the 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.

8. Public health- We may, and are sometimes required by law to disclose your health information to public health authorities for the purpose related to: reporting to the state any medical condition that may impair driving abilities, 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.

9. Health oversight activities- We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and proceedings, subject to the limitations imposed by federal and California law.

10. Judicial and administrative proceedings- We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order.

11. Law enforcement- We may, and are sometimes required by law to, disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

12. Coroners- We may, and are sometimes required by law to, disclose your health information to coroners in connection with their investigations of deaths.

13. Public safety- We may, and are sometimes required by law to, disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. Worker's compensation- We may disclose your health information as necessary to comply with worker's compensation laws. We are required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

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

16. Research- We may disclose your health information 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 health information

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

Your health information rights

1. Right to request special privacy protections- You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our 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.

2. Right to request confidential communications- You have the right to request that you receive your health information in a specific way or at a specific location.