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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.

What is this Notice and Why is it Important? The federal Health Insurance Portability and Accountability Act (HIPAA) requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how I, Walter E.B.Sipe M.D., will protect your medical information, how I may use or disclose this information, and describes your rights.

Understanding Your Health Information During each appointment, I record clinical information and store it in your electronic chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, your mental status, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- Tool with which I can assess and work to improve the care I provide

Do I keep a paper chart? No, all my clinical notes are contained in your electronic chart, and any paper documents associate with your care (such as letters from other providers) are scanned to you chart then securely destroyed. I do not keep separate “therapy notes.”

Your Health Information Rights You have the following rights related to your medical record:

Obtain a copy of this notice.

You can read this notice in the waiting room, and you can also obtain your own copy if you would like.

Authorization to use your health information.

Before I use or disclose your health information, other than as described below, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information.

You may request a copy of your medical record from me at any time.

Change your health information.

If you believe the information in your record is inaccurate or incomplete, you may request that I correct or add information.

Request a particular method of confidential communications.

You may request that when I communicate with you about your health information, I do so in a specific way (e.g. at a certain mail address or phone number). I will make every reasonable effort to comply with your request.

Accounting of disclosures.

You may request a list of disclosures of your health information that I have made for reasons other than treatment, payment or healthcare operations.

Request restrictions on how your personal health information (PHI) is used.

You may request that I put limits on how I use your PHI, including disclosure of your personal information to others who are involved in your care or payment for your care. I am not required to agree to your request,

but will comply with all reasonable requests so long as they do not interfere with your well-being or the quality of the care I provide. You may also restrict the use and disclosure of your PHI to a health plan for purposes of payment or healthcare operations if it pertains to a service for which I have been paid in full by you "out of pocket." This restriction request must be made in writing.

My Responsibilities

- I am required by law to protect the privacy of your health information, to provide this notice about my privacy practices, and to abide by the terms of this notice.
- I reserve the right to change my policies and procedures for protecting health information. When I make a significant change in how I use or disclose your health information, I will also change this notice.
- Except for the purposes related to your treatment, to collect payment for my services, to perform necessary business functions, or when otherwise permitted or required by law, I will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

When Can I Legally Disclose Your Health Information Without Your Specific Consent?

In order to facilitate your medical treatment.

In order to ensure the best care for you, it may be appropriate for your primary care physician, medical specialist, or psychotherapist discuss your treatment with me. I will discuss these communications with you and obtain your written consent before they take place, unless I feel that a delay of communication would result in an unacceptable risk to your well-being.

To maintain the safety of you or others.

If I believe that you pose an immediate danger to the health or safety of yourself or someone else, I will do whatever is necessary lessen or prevent that threat, even if it means disclosing information that would otherwise be held as confidential.

In order to collect payment for health care services that I provide, or--at your request--to assist you in receiving reimbursements.

As examples: If I fill out an authorization form so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis. Or if someone other than you (e.g. a parent, family member, or other associate) has agreed to pay for your treatment, some exchange of information may be necessary.

Will I Disclose Your Health Information to Family and Friends? My office policy is that I will never share your clinical information with your family or friends without an authorization from you, except as noted above.

Less Common Situations in Which I Might Disclose Your Health Information

- Workers compensation: I may disclose your health information to comply with laws relating to worker's compensation or other similar programs.
- Law enforcement: I may disclose your health information for law enforcement purposes as required by law in response to a valid subpoena, or court /administrative order. This includes information requested by the Department of Social Services (DSS) related to cases of neglect or abuse of children, elders, or disabled adults.
- I may disclose to the Food and Drug Administration (FDA): FDA your health information relating to adverse events due to medications.
- Business associates: I use an electronic health record to maintain records. Some of the employees of this company have access to a small portion of your health information in order to allow them to do their job.

For More Information or to Report a Problem.

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact me, Walter E.B. Sipe, M.D., at (415) 483-2112. If you feel your privacy rights have been violated in any way, please let me know and I will take appropriate action. You may also send a written complaint to:

Office of Civil Rights, Department of Health & Human Services
HHH Building
200 Independence Avenue S.W., Room 509
Washington, D.C. 20201