

Monica Kieffer, D.O. Inc.  
345 Saxony Rd. Suite 102  
Encinitas, CA 92024  
760-436-6882

## **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.

### **Uses and Disclosures of Protected Health Information**

**Treatment.** Your protected health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your protected health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for your services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health care operations.** Your protected health information may be used as necessary to support the day-to-day activities and management of Monica Kieffer, D.O. Inc. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** Your protected health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of yourself, a person or the public.

**Public health reporting.** Your protected health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization.** Disclosure of your protected health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Additional Uses of Protected Health Information**

**Appointment reminders.** Your protected health information will be used by our staff to send you appointment reminders.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

**Monica Kieffer, D.O. Inc. Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this “Notice of Privacy Practices.”

We are also required to abide by the privacy policies and practices that are outlined in this notice.

**Requests to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state law regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulations, we require that requests to inspect or copy the protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

**Contact Information**

For further information concerning our privacy practices or if you would like to submit a comment or compliant about our privacy practices, you can do so by sending a letter outlining your concerns to:

Office Manager  
Monica Kieffer, D.O. Inc.  
345 Saxony Rd., Ste 102  
Encinitas, CA 92024  
(760) 436-6882

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

**Effective Date**

This notice is effective on or after April 14, 2003

Monica Kieffer, D.O. Inc. reserves the right to modify the privacy practices outlined in this notice.

**Signature**

I have read the “Notice of Privacy Practices” for Monica Kieffer, D.O. Inc.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
(Required if patient is a minor or an adult who is unable to sign form)

\_\_\_\_\_  
Relationship of the Patient Representative to Patient