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NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

This Notice applies to information and records regarding your health care maintained at the office of Danielle Rosenman, M.D. It is my legal duty to safeguard your protected health information.

What is "Protected Health Information" or "PHI"?

"Protected health information" or "PHI" is information that identifies who you are and related to your past, present, or future physical or mental health or condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are.

Purpose of This Notice

In the course of my work with you, I gather and maintain PHI about my patients. I respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes my privacy practices and how I protect the confidentiality of your PHI. I am obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. I am also obligated to explain to you, by this Notice, about my legal obligations to maintain the privacy of your PHI. I must follow the Notice that is currently in effect.

How I Protect Your PHI

I restrict access to your PHI to those employees who need access in order to provide services to my patients. I have established and maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure.

Types of Use and Disclosure of PHI I May Make Without Your Permission

Treatment; Payment; Health Care Operations

Federal and state law allows me to use and disclose your PHI in order to provide health-care services to you, as well as to bill and collect payments for the health-care services provided to you by my office. For example, I may use your PHI to authorize referrals to specialists and to review the quality of care provided by your participating physician. I may disclose your PHI to health plans or other responsible parties so payment can be received for the services provided to you.

I may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that I offer, or to contact you to remind you of your appointments. I conduct these activities to provide health care to you, not as marketing.

Federal and state law also allows me to use and disclose your PHI, as necessary, in connection with my health-care operations. For example, I may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you received. I may also use your PHI in connection with population-based disease management programs. I may use or disclose your PHI to perform certain business functions to my business associates, who must also agree to safeguard your PHI as required by law.

I am also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law — In some circumstances, I am required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;
2. For public health activities — Such as reports about communicable diseases, defective medical devices to the FDA or work-related health issues;
3. Reports about child, elder, and other types of abuse or neglect, or domestic violence;
4. For health oversight activities — Such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;
5. For lawsuits and other legal disputes — In connection with court proceedings or proceedings before administrative agencies, or to defend me in a legal dispute;
6. For law enforcement purposes — Such as responding to a warrant or reporting a crime;
7. Reports to coroners, medical examiners, or funeral directors — To assist them in performance of their legal duties;
8. For tissue or organ donations — To organ procurement or transplant organizations to assist them;
9. For research — To medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your PHI;
10. To avert a serious threat to the health or safety of you or other members of the public;
11. For national security and intelligence/military activities — Such as protection of the President or foreign dignitaries;
12. For Workers' Compensation purposes — I may provide PHI in order to comply with Workers' Compensation laws.

I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations. I may also notify disaster relief organizations to assist them with their relief efforts.

You, as a parent, can generally control your minor child's PHI. In some cases, however, I am permitted or even required by law to deny you access to your child's PHI, such as when your child can legally consent to medical services without your permission.

Some types of PHI, such as HIV test results or mental-health information, are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

Authorizations

All other uses and disclosures of your PHI must be made with your written authorization. If you need an authorization form, I will send one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:

Danielle Rosenman, M.D.
3030 Ashby Ave. Suite 117, Berkeley, CA 94705

You may revoke or modify your authorization at any time by writing to me at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when I have already taken action relying on your authorization.

Your Rights Regarding Your PHI

Access to Your PHI

You have the right to review and copy your PHI that I maintain. If you wish access to your PHI, please write to me. I will respond to your request and let you know when and where you can review your PHI in my possession. If you would like a copy of the information I have, please write to me at the same address. If I provide you with a copy, I may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If I deny your request for review or copy of your PHI, I will explain the reason in writing. If I don't have your PHI, but know who does, I will let you know who to contact.

Right to Amend Your PHI

You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please inform me, in writing, what you want changed or updated and why. I will respond to you in writing, either accepting or denying your request. If I deny your request, I will explain why. You may also send me an addendum that is no longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. I will attach your addendum to the record(s) of your PHI. Your amended PHI will be available for your review upon request.

Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that I make of your PHI. You may request an accounting by writing to me. Please note that certain disclosures, such as those made for treatment, payment, or health-care operations, need not be included in the accounting I provide to you. I will respond to your request within a reasonable period of time, but no later than 60 days after I receive your written request.

Right to Receive a Copy of This Notice

You have a right to request and receive a paper copy of this Notice and/or to receive it by e-mail as well.

Right to Request Restrictions

You have the right to request restrictions on how I use and disclose your PHI for my treatment, payment, and health-care operations. All requests must be made in writing. Upon receipt, I will review your request and notify you whether I have accepted or denied your request. Please note that I am not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. I believe I have applied appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Complain

I must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or wish to file a complaint, please direct your inquiries to:

Danielle Rosenman, M.D.
3030 Ashby Ave. Suite 117, Berkeley, CA 94705

You may also send a written complaint to the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

Rights Reserved

I will use and disclose your PHI to the fullest extent authorized by law. I reserve the rights as expressed in this Notice. I reserve the right to revise my privacy practices consistent with the law and make them applicable to your entire PHI I maintain, regardless of when it was received or created. If I make material or important changes to my privacy practices, I will promptly revise my Notice. Unless the changes are required by law, I will not implement material changes to my privacy practices before I revise my Notice. You may request updates to this Notice at any time.

Effective Date of This Notice

This notice went into effect on April 14, 2003.