

**Mahesh & Jayshree Vyas, M.D. Inc.**  
**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**

**WHO DOES THIS NOTICE APPLY TO?**

We provide health care to patients and families in partnership with other professionals and organizations. The privacy practices in this notice will be followed by:

- Any of Dr Vyas's medical staff, volunteers, and individuals authorized to enter information into your medical record.
- All departments and units
- Any member of a volunteer group
- Any business associate with whom we share health information.

**OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION**

We understand your medical information is personal and we are committed to protecting the privacy of medical information. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate reasonable requests by you for us to communicate your health information by alternative means or at alternative locations.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

We may use and disclose medical information about you for your **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improved treatment methods).

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS (TPO).**

*We will use your health information for treatment.*

For example: Information received by a nurse, physician or other member of your healthcare team will be written in your medical record and used to determine your course of treatment. We will also provide your subsequent healthcare provider with copies of reports to assist him or her in treating you.

*We will use your health information for payment.*

For example: A bill may be sent to you by us, the insurance company or Medicare. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used in your treatment.

*We will use your health information for regular health care operations.*

For example: Members of the medical staff, and/or, the risk or quality management staff of the hospital may use information in your medical record to assess the care and outcomes in your case. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

### **HOW YOUR INFORMATION WILL BE USED**

- We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services**.
- We may release medical information about you to a **family member, friend, or any other person involved in your medical care only with your previous authorization**. We may also give information to those you identified as responsible for payment.

We may share your medical information - **without your prior authorization** - for the following purposes:

- Law. We may disclose medical information when required by law, a request from law enforcement or in response to valid judicial or administrative orders.
- Public health. We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law.
- 1 Business associates. There are some services provided in our organization through contracts with business associates (ie. we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the health care services we provide). To protect your health information we require the business associate to appropriately safeguard your information.
- Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.
- 1 Funeral directors. We may disclose health information to funeral directors consistent with applicable law for them to carry out their duties.
- Organ donation. We may disclose health information to organ procurement organizations or other entities for the purpose of tissue donation and transplant consistent with applicable law.
- Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events.
- Workers' Compensation. We may disclose health information necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.
- Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.
- State Requirements. The state has requirements for reporting including population-based activities relating to improving health or reducing health care costs.

### **OTHER USES OF MEDICAL INFORMATION**

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information. If you choose to authorize us to use or disclose your health information, you can later withdraw authorization by notifying us in writing, except

information previously disclosed based on your initial authorization.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your health record is our property, you have the right to:

- Request a restriction, in writing, on certain uses or disclosures of your medical information for treatment, payment or health care operations, with the exception of emergency situations. We will consider your request, **but we are not legally required to agree to a requested restriction**. We will inform you of our decision in writing.
- Inspect and obtain a copy of your medical information, in most cases, upon receipt of written authorization.
- Request in writing, an amendment to your medical records if you believe the information in your medical record is incorrect or important information is missing. We could deny your request to amend a medical record if the information was not created by us, maintained by us, or if we determine the medical record is accurate. You may appeal our decision not to amend your medical record.
- Obtain an accounting of disclosures stating who your health information was disclosed for purposes other than treatment, payment, healthcare operations or where you specifically authorized a use or disclosure in the past six (6) years, but not prior to April 14, 2003. The request must be in writing and state the time period desired for the accounting. After the first request, there will be a charge.
- Request in writing indicating how and where you wish to have medical information communicated to you in a confidential way or at an alternate location.
- All written requests or appeals, or amendments should be submitted to our Privacy Official listed at the bottom of this notice.

### **CHANGES TO THIS NOTICE**

We have the right to change this notice at any time. We have the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register at the hospital or medical office.

### **COMPLAINTS**

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact Dr. Mahesh Vyas at 21580 Yorba Linda Blvd. Ste. 202 Yorba Linda, CA 92887 (714) 693-3663. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S. W., Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage that you receive.

### **PRIVACY OFFICIAL**

Dr. Mahesh Vyas  
21580 Yorba Linda Blvd. Ste. 202  
(714) 693-3663