

Sign in Sheet We may use and disclose medical information about you by having you sign in when you present at our office. We may also call out your name when we are ready to see you.

Communication with family. Unless you object We may disclose information to notify or assist a Family member or personal representative of your location, and general condition. Request assistance from family involved in your care and/or about payment related to your care.

Decedents Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.

Workers Compensation We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or similar programs established by law.

Organ Procurement Organizations Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of donation and transplant.

Public Health As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Research We may disclose information to researchers when their research has been approved by an institution review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Law Enforcement We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Disaster Relief We may disclose health information about you to an organization assisting in a disaster relief effort, unless you object.

For all non-routine operations, we will obtain your written authorization before disclosing your personal information. In addition, we take great care to safeguard your information in every way that we can.

Marketing We may contact you to give you information about products or services related to your treatment or to direct or recommend other treatments or health related benefits and services that may be of interest to you or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We may receive payment for communication to current health plan enrollees to describe 1) a providers participation in a health plan's network 2) the extent or covered benefits, or 3) concerning the availability or more cost effective pharmaceuticals. We will not accept any other payment of these types of communications unless you have a chronic and seriously debilitating life-threatening condition, and in that case we will tell you who is paying us, and we will also tell them how to stop them if you prefer not to receive them. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization, and we will disclose whether we receive and payments for that marketing activities

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.

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

Judicial and Administrative Proceedings We may and sometimes are required by law to disclose your Health Information in the course of any administrative and Judicial proceeding to the extent expressly authorized by a court or administrative order. We may also respond to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Specialized Government Functions We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Change of Ownership In the event this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request copies.

Notice of Privacy Practices

Effective: April 18, 2013

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



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Introduction

A federal regulation, known as the "HIPAA Privacy Rule" requires that we provide detailed notice in writing of our privacy practices. The HIPAA Privacy Rule requires us to address many specific protocols to protect and ensure the privacy, security, and confidentiality of your personal information by having physical security in our building, passwords to protect databases, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

Wahid Medical Corporation is committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes your rights as our patient and our obligations regarding the use and disclosure of your Protected Health Information. You will be asked to sign a form to show that you received this Notice. A copy of this notice is available at each appointment.

Understanding Your Health Record

Each time you visit Wahid Medical Corporation, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is referred to as your health or medical record, and serves as a:

- ❖ Basis for planning your care and treatment
- ❖ Means of communication among other health professionals who contribute to your care.
- ❖ Legal document describing the care you received.
- ❖ Means by which you or a third-party payer can verify that services billed were actually provided. A tool in educating health professionals
- ❖ A source of data for medical research
- ❖ A source or information for public health officials responsible for improving the health of this state and nation.
- ❖ A tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Wahid Medical Corporation, that the information belongs to you. You have the right to:

- ❖ Obtain a copy of this Notice of Privacy Practices upon request.
- ❖ Inspect and receive QM free copy of your healthRecord (even if you have already received via email.)
- ❖ Amend or supplement your health record
- ❖ Obtain an accounting of disclosures of your health Information.
- ❖ Request your choice of communications of your health information by alternative means or locations, such as by mail, fax, phone and at your home or place of employment.
- ❖ Request a restriction on certain uses and disclosure of your health information.
- ❖ Revoke your authorization to use or disclose health information.

Our Responsibilities

Wahid Medical Corporation is required to:

- ❖ Maintain the privacy of your information.
- ❖ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- ❖ Abide by the terms of this notice.
- ❖ Notify you if we are unable to agree to a requested restriction
- ❖ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, these changes 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 the reception area, and a copy will be available at each appointment.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our practice's Privacy Officer or Practice Manager:

Maria C, Practice Manager at (209) 892-1300

If you believe your privacy rights have been Violated, you can either file a complaint With our Pnvcy Officer, or with the U.S. Dept of Health & Human Services. There will be no retaliator for filing a complaint with either our practice or the Department for Health & Human Services. The address ts as follows:

U.S. Dept. Of Health & Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue S. W. Room
59F, HHH Building
Washington, DC 20201

Examples of Disclosures for Treatment, Payment, and Health Operations

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 health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also chose medical information to members of your family or others who can help you when you are Sick or injured, unless you restrict such disclosures.

Payment: We use and disclose medical information about you to obtain payment for the services we provide.

For Example: We may give you health plan the information it requires before it will pay us. We may so disclose information to other health care providers to assist them in obtaining payment for services they have provided to you..

Health. Care Operations: We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions.

For Example: We may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff, or to get Health Plans to authorize services or referrals.

Notification / Appointment We may disclose medical information to provide appointment reminders by contacting you at the phone number that you provided to use. We may leave a message on your answering machine or with the person who answers the