

Main Street Medical
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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.

Our Commitment to Your Privacy: Main Street Medical values the privacy of your private health information and strives to protect the confidentiality of your medical information. Federal law requires us to issue you an official notice of our privacy practices. You have the right to the confidentiality of your medical information and we are required by law to maintain the privacy of your protected health information (PHI). Main Street Medical is required to abide by the terms of the Notice of Privacy Practices currently in effect. If you have any questions, please contact the Privacy Officer for Main Street Medical.

Who Will Follow This Notice: Any health care professional authorized to enter information into your medical record and all employees, staff and other personnel at Main Street Medical who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites and locations of Main Street Medical may share information with each other for treatment, payment purposes or health care operations described in this Notice. Except when treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Information About You: The following categories describe different ways we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of use or disclosure. Not every possible use is listed.

For Treatment: We may use medical information about you to provide you with medical treatment or services. Here are some examples:

- To facilitate medical consultations or referrals
- To determine the best course of treatment (e.g., allergies may influence the medications prescribed)
- Communication between personnel involved in furnishing care

For Payment: Your health information may be used to seek payment from your insurance company. For example, we may need to send protected health information such as your name, address, and codes identifying your treatment and diagnosis to your insurance company to justify care provided by Main Street Medical. **Note:** You have the right to request Main Street Medical not file a claim to your insurance for specific services provided. You must pay for those services in full within 60 days of the date of the service. Failure to do so shall constitute a waiver of this right.

For Health Care Operations: We may use and disclosure medical information about you for health care operations to ensure you receive quality care. Here are some examples:

- To improve our performance or to determine how to provide better care
- To evaluate clinical efficacy of treatments, such as during a clinical trial
- To comply with legal requirements, information may be disclosed to attorneys, accountants or consultants

Other Potential Uses or Disclosures That Can Be Made Without Consent or Authorization

- If required by state, federal or local law
- To avert a serious threat to public health or safety
- When required by military command for medical records
- In response to a legal proceeding, such as a subpoena, discovery request or summons
- To report victims of abuse, neglect or domestic violence
- To identify or locate suspects, fugitives witnesses, crime victims or missing persons

- To an agency for activities authorized by law, such as audits, investigations, inspections and licensure
- To a coroner or medical examiner for identification of a body
- When required for intelligence, counter-intelligence or national security activities, upon request of a government official.

Additional Disclosures: Any other disclosures not covered by this Notice or by the laws that apply to Main Street Medical shall be made only with your written authorization. You may revoke this authorization at any time in writing, and Main Street Medical shall discontinue further disclosures for the reasons covered by your authorization, except where required by law. We are unable to rescind disclosures made during the period of authorization and we are required to retain records of the care we've provided.

Your Individual Rights Regarding Your Medical Information

Right to Request Restrictions: You have the right to request that we restrict the manner in which we use your private health information for treatment, payment or health care operations reasons. We are not obligated to agree to your request, except for the health insurance disclosure noted below. If we do agree, we shall comply with your request unless a medical emergency is involved. You must request restrictions in writing and we will attempt to honor reasonable requests. You must specify how you wish to be contacted. We reserve the right to refuse requests that place an unreasonable burden on the practice.

Right to Decline Use of Health Insurance Coverage: You have the right to decline to use your insurance coverage for specific services we provide. You agree to pay for those services within 60 days of the date of the service at our usual and customary rates. We reserve the right to seek payment from your insurance when payment is not received by the 60-day deadline.

Right to See and Copy: You have the right to review and to make copies of medical information used to make decisions about your care. This information typically does not include psychotherapy notes, information compiled for use in a civil, criminal or administrative action and protected health information with access restricted by law. You must request to see or copy records in writing, to the Privacy Officer for the practice. We reserve the right to charge a fee for the costs of copying and mailing or other supplies associated with your request, as permitted by California law. Main Street Medical may deny your request in limited circumstances. If this happens, you may request a review of this determination. The person who conducts the review will not be the same person who denied your request. Main Street Medical shall comply with the review outcome.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept. You must request amendments in writing to the Privacy Officer. In addition, you must provide a reason to support your request. We will deny requests not made in writing, that don't include a reason, or that refer to information that was not created or retained by the practice, or to information we believe is accurate and complete.

Right to Request Confidential Communication: You have the right to request how we should send communications to you about medical matters and where you would like them to be sent. To request confidential communications, you must make your request to the Privacy Officer of the practice. We will not ask for the reason and we will honor all reasonable requests. You must specify how or where you wish to be contacted. We have the right to decline if it places an unreasonable burden on the practice.

Right to Be Notified in the Event of a Breach: In the event of a breach of unsecured protected health information, Main Street Medical will notify you promptly following discovery of the breach. When assessing whether a breach occurred, we will consider the nature of the involved PHI and the risk of de-identification; the unauthorized use of the information or to whom the disclosure was made; whether the PHI was actually accessed or viewed; and the extent to which the disclosure has been contained or mitigated.

Right to an Accounting of Non-Standard Disclosures: You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request to the privacy officer at this practice

in writing. Your request must state the time period for which you want to receive disclosures. This time period may not exceed six years and must be for dates on or after April 14, 2003. Your request should indicate in what form you want the list. The practice will provide the first list of up to 12 months for free, but reserves the right to charge a reasonable fee for additional requests.

Right to Opt-Out of Fundraising: You have the right to opt out of any fundraising or marketing activities or initiatives coordinated through or run by Main Street Medical. The practice will include prominent opt out language in any such messages.

Right to a Paper Copy of This Notice: You have the right to request a paper copy of this notice at any time, even if you have previously agreed to receive an electronic copy. Please direct your written request to the Privacy Officer for the practice.

Changes to This Notice

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we may receive in the future. We will post a copy of the current Notice prominently in each practice location, with the effective date in the upper right corner of the first page.