

NOTICE OF PRIVACY PRACTICES

This Notice is effective March 26, 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

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at **(323) 954-1788** to obtain a copy of our current Notice.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **(323)954-1788**.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **(323) 954-1788**.

1. Treatment

We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

Example: Jane is a patient at the health department. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

2. Payment

We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

Example: Jane is a patient at the health department and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health department billing clerk will *use* medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be *disclosed* to her insurance company when the billing clerk sends in the bill.

Example: The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan will pay for the test.

3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.

- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane was diagnosed with diabetes. The health department used Jane's medical information – as well as medical information from all of the other health department patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

Example: Jane complained that she did not receive appropriate healthcare. The health department reviewed Jane's record to evaluate the quality of the care provided to Jane. The health department also discussed Jane's care with an attorney.

4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at **(323) 954-1788**.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Example: Jane's husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (323)954-1788.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have

been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.

- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

**YOU HAVE RIGHTS WITH RESPECT
TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **(323)954-1788**.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at **Insert Contact Phone Number Here**.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

Fee Structure

\$0.10 per page for documents 8.5"x 14" or less

\$24.00 per hour per person for locating and making the documents available

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

Fee Structure

\$0.10 per page for documents 8.5"x 14" or less

\$24.00 per hour per person for locating and making the documents available

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

8. Right to Opt-Out of Fundraising Communications

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

**YOU MAY FILE A COMPLAINT
ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**Abraham Ishaaya MD, APC
Attn: Privacy Officer
5901 Olympic Blvd. #200
Los Angeles, CA 90036**

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRComplaint@hhs.gov

NOTICE OF PRIVACY PRACTICES (For Mental Health Information Subject to the Lanterman-Petris-Short Act)

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.

If you have any questions, please contact AIPC's Privacy Officer by mail at the address or the phone listed above.

WHO WILL FOLLOW THIS NOTICE

This Notice describes Abraham Ishaaya, M.D. APC's practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of Abraham Ishaaya, M.D. APC ("AIPC").
- Any member of a volunteer group AIPC allows to help at AIPC .
- All employees and staff of AIPC and other AIPC personnel.

All these individuals and entities follow the terms of this Notice. In addition, these individuals and entities may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

AIPC'S PLEDGE REGARDING MENTAL HEALTH INFORMATION

AIPC understands that information about your mental health treatment and related health care services (mental health information) is personal. AIPC is committed to protecting mental health information about you. AIPC creates a record of the care and services you receive at AIPC. AIPC needs this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to your mental health information generated by AIPC , whether made by AIPC personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your mental health information created in the doctor's office or clinic. This Notice will tell you about the ways in which AIPC may use and disclose mental health information about you. AIPC also describes your rights and certain obligations it has regarding the use and disclosure of your mental health information.

AIPC is required by law to:

- Make sure that mental health information that identifies you is kept confidential (with certain exceptions);
- Give you this Notice of AIPC 's legal duties and privacy practices with respect to mental health information about you; and
- Follow the terms of the Notice that is currently in effect.

HOW AIPC MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that AIPC may use and disclose mental health information. For each category of uses or disclosures AIPC will explain what it means and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways AIPC is permitted to use and disclose information will fall within one of the categories.

DISCLOSURE AT YOUR REQUEST

AIPC may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

AIPC may use mental health information about you to provide you with medical or mental health treatment or services. AIPC may disclose mental health information about you to doctors, psychiatrists, therapists, social workers, technicians, health care students, interns or other AIPC personnel who are involved in taking care of you. For example, a therapist treating you for a mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you. Different departments of AIPC also may share mental health information about you in order to coordinate the different things you need, such as prescriptions or referrals for other services. AIPC also may disclose mental health information about you to people outside AIPC who may be involved in your medical or mental health treatment after you leave AIPC, such as psychiatrists and physicians or other practitioners. For example, AIPC may give your physician access to your health information to assist your physician in treating you.

FOR PAYMENT

AIPC may use and disclose mental health information about you so that the treatment and services you receive at AIPC may be billed to and payment may be collected from you, an insurance company or a third party. For example, AIPC may need to give your health plan information about treatment you received at AIPC so your health plan will pay AIPC or reimburse you for the treatment. AIPC may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

FOR HEALTH CARE OPERATIONS

AIPC may use and disclose mental health information about you for health care operations. These uses and disclosures are necessary to run AIPC and make sure that all of its patients receive quality care. AIPC may also disclose information to doctors, psychiatrists, therapists, social workers, technicians, health care students, interns and other AIPC personnel for review and learning purposes. AIPC may remove information that identifies you from this set of mental health information so others may use it to study health care and health care delivery without learning who the specific patients are.

APPOINTMENT REMINDERS

AIPC may use and disclose mental health information to contact you as a reminder that you have an appointment for treatment or care with AIPC.

HEALTH-RELATED PRODUCTS AND SERVICES

AIPC may use and disclose mental health information to tell you about its health-related services that may be of interest to you.

FUNDRAISING ACTIVITIES

AIPC may use information about you in order to contact you for support of AIPC and its operations. AIPC will not release any information about your treatment but only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at AIPC. If you do not want to be contacted for fundraising efforts, you must notify AIPC's Privacy Officer in writing.

FAMILY MEMBERS OR OTHERS YOU DESIGNATE

Upon request of a family member and with your consent, AIPC may give the family member notification of your diagnosis, prognosis, medications prescribed and their side effects and progress. Unless you request that this information not be provided AIPC must make reasonable attempts to notify your next of kin or any other person designated by you, of your serious illness, injury, or death only upon request of the family member.

RESEARCH

Under certain circumstances, AIPC may use and disclose mental health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of mental health information, trying to balance the research needs with patients' need for privacy of their mental health information.

Before AIPC uses or discloses mental health information for research, the project will have been approved through this research approval process, but AIPC may, however, disclose mental health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific mental health needs, as long as the mental health information they review does not leave AIPC.

AS REQUIRED BY LAW

AIPC will disclose mental health information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

AIPC may use and disclose mental health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS.

PUBLIC HEALTH ACTIVITIES

AIPC may disclose mental health information about you for public health activities. These activities may include, without limitation, the following:

- To prevent or control disease, injury or disability;
- To report deaths;
- To report regarding the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if AIPC believes a patient has been the victim of abuse, neglect or domestic violence. AIPC will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

AIPC may disclose mental health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, AIPC may disclose mental health information about you in response to a court or administrative order. AIPC may also disclose mental health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

AIPC may disclose mental health information to courts, attorneys and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

LAW ENFORCEMENT

AIPC may release mental health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, certain escapes and certain missing person;
- About a death AIPC believes may be the result of criminal conduct;
- About criminal conduct at AIPC ;
- When requested by an officer who lodges a warrant with AIPC , and
- When requested at the time of a patient's involuntary hospitalization.

CORONERS AND MEDICAL EXAMINERS

AIPC may be required by law to report the death of a patient to a coroner or medical examiner.

PROTECTION OF ELECTIVE CONSTITUTIONAL OFFICERS

AIPC may disclose mental health information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, AIPC may release mental health information about you to the correctional institution or law enforcement official. Disclosure may be made when required, as necessary to the administration of justice.

ADVOCACY GROUPS

AIPC may release mental health information to the statewide protection and advocacy organization if it has a patient or patient representative's authorization, or for the purposes of certain investigations. AIPC may release mental health information to the Los Angeles County Patients' Rights Office if it has a patient or patient representative's authorization, or for investigations resulting from reports required by law to be submitted to the Los Angeles County Director of Mental Health Services.

DEPARTMENT OF JUSTICE

AIPC may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

MULTIDISCIPLINARY PERSONNEL TEAMS

AIPC may disclose mental health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.

SENATE AND ASSEMBLY RULES COMMITTEES

AIPC may disclose your mental health information to the California Senate or Assembly Rules Committee for purpose of legislative investigation.

OTHER SPECIAL CATEGORIES OF INFORMATION

Special legal requirements may apply to the use or disclosure of certain categories of information - e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.

PSYCHOTHERAPY NOTES

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. AIPC may use or disclose your psychotherapy notes, as required by law, or:

- For use by the originator of the notes;
- In supervised mental health training programs for students, trainees, or practitioners;
- By the covered entity to defend a legal action or other proceeding brought by the individual;
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
- For the health oversight of the originator of the psychotherapy notes;
- For use or disclosure to coroner or medical examiner to report a patient's death;
- For use or disclosure necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
- For use or disclosure to the Secretary of the Department of Health and Human Services ("HHS") in the course of an investigation.

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU **RIGHT TO INSPECT AND COPY**

You have the right to inspect and copy mental health information that may be used to make decisions about your care. Usually, this includes mental health and billing records, but may not include some mental health information.

To inspect and copy mental health information that may be used to make decisions about you, you must submit your request in writing to AIPC's Privacy Officer. If you request a copy of the information, AIPC may charge a fee for the costs of copying, mailing or other supplies associated with your request.

AIPC may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to mental health information, you may request that the denial be reviewed. Another licensed health care professional chosen by AIPC will review your request and the denial. The person conducting the review will not be the person who denied your request. AIPC will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that mental health information AIPC has about you is incorrect or incomplete, you may ask AIPC to amend the information. You have the right to request an amendment for as long as the information is kept by or for AIPC .

To request an amendment, your request must be made in writing and submitted to AIPC's Privacy Officer. In addition, you must provide a reason that supports your request.

AIPC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, AIPC may deny your request if you ask it to amend information that:

- Was not created by AIPC , unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the mental health information kept by or for AIPC ;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if AIPC denies your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your mental health record AIPC will attach it to your records and include it whenever it makes a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures AIPC made of mental health information about you other than its own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing to AIPC's Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, AIPC may charge you for the costs of providing the list. AIPC will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, AIPC will notify you as required by law if your health information is unlawfully accessed or disclosed.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the mental health information AIPC uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the mental health information AIPC discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that AIPC not use or disclose information about a type of therapy you had.

AIPC is not required to agree to your request. If AIPC does agree, it will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to AIPC 's Privacy Officer. In your request, you must tell AIPC 1) what information you want to limit; 2) whether you want to limit AIPC 's use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that AIPC communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that AIPC only contact you at work or by mail.

To request confidential communications, you must make your request in writing to AIPC's Privacy Officer. AIPC will not ask you the reason for your request. AIPC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice. You may ask AIPC to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at AIPC's website: www.Aviishaayacenters.com.

To obtain a paper copy of this Notice: You may obtain a paper copy of this Notice by mailing a request or emailing a request to AIPC through AIPC 's website (www.Aviishaayacenters.com).

CHANGES TO THIS NOTICE

AIPC reserves the right to change this Notice. AIPC reserves the right to make the revised or changed Notice effective for mental health information it already has about you as well as any information it receives in the future. AIPC will post a copy of the current Notice in AIPC offices. The Notice will contain the effective date on the first page, in the top right- hand corner. In addition, each time you register with AIPC for treatment or health care services, AIPC will offer you a copy of the current Notice in effect.



TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a written complaint with AIPC's Privacy Officer in person or mail a copy to:

Abraham Ishaaya, M.D. APC
Attn: Privacy Officer
5901 W. Olympic Blvd. Ste. 200
Los Angeles, CA 90036

You also may file a written complaint with the U.S. Department of Health and Human Services at 90 7th Street, Suite 4-100, San Francisco, CA 94103. You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF MENTAL HEALTH INFORMATION

Other uses and disclosures of mental health information not covered by this Notice or the laws that apply to AIPC will be made only with your written permission. If you provide AIPC permission to use or disclose mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your mental health information for the purposes covered by your written authorization, except if AIPC has already acted in reliance on your permission. You understand that AIPC is unable to take back any disclosures it has already made with your permission, and that AIPC is required to retain its records of the care that it provided to you.