

# Notice of Privacy Practices

I'm committed to protecting the privacy of your health information. This notice describes how health information about you may be used and disclosed, and how you can get access to your health information. Please review this information carefully.

## Who will follow this Notice

The privacy practices described in this Notice will be followed by Rohan Jasani.

## Understanding your health record

I maintain a health record for each client. Your health record consists of protected health information, such as: your symptoms, a plan of services, test results, diagnoses, treatment & health information from other providers, and billing and payment information about these services. This health record forms the basis for planning your care and consultation at future visits, and also serves as a means of communication among other health professionals who may contribute to your care.

Understanding what information is retained in your health record and how that information may be used will assist you to ensure it is accurate and to make informed decisions about who, what, when, where, and why others may be allowed access to your protected health information.

## Understanding your health information rights

While this health record is my physical property, the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record, and to request that appropriate amendments be made to your health record. You have the right to request restrictions, to authorize disclosure of the health record to others, and be given an account of those disclosures. Other than the activity that has already occurred, you may revoke any further authorizations to use or disclose your protected health information. Should I need to contact you, you have the right to request communication by alternate means or to alternate locations.

## My responsibilities

I'm required to maintain the privacy of your protected health information and to provide you with this notice of my privacy practices. I'm required to follow the terms of the Notice of Privacy Practices that is currently in effect. Other than for the reasons described in this notice, I agree not to use or disclose your health information without your consent.

The privacy of the health information I record and obtain about you is protected by the law. Federal and state laws allow me to use and disclose protected health information for consultation, payment, and health care operations.

## How I May Use and Disclose Protected Health Information About You

- For Consultation — Protected health information I obtain will be recorded in your health record and used when considering your care.
- For Payment — I may need to give to your health insurance plan information about services you received so that you will receive reimbursement for these services. I will not disclose protected health information to third party payers without your authorization unless such disclosure is authorized by law.
- For Health Care Operations — I may use and disclose protected health information about you for quality control and administrative purposes.

## Practices Regarding Disclosure of Protected Health Information

Your health information will be routinely used for consultation, payment, and quality-monitoring, and your consent, or the opportunity to agree or object, is not required in these instances:

- Consultation — Information obtained will be entered in your record and used to plan the services provided you. Your health information may be shared with others involved in your care or providing consultation about your services. My own expectations and those of others involved in your care may also be recorded.

- Payment — Your record will be used to receive payment for services rendered. A bill may be sent to you with accompanying documentation that identifies you and services rendered.
- Appointment Reminders — I may contact you to remind you of an appointment.
- Treatment Alternatives — I may contact you to recommend possible other treatment options that may be of interest to you.
- News-gathering Activities — I may contact you to see if you may be interested in participating in a news story for publication or external news media. Your written authorization is required if I would like to use or disclose any protected health information in this situation.
- Disaster-relief Efforts — In the case of a disaster, I may disclose health information about you to disaster-relief organizations so that your family may be able to be notified of your condition, status, and location. You have the right to request that we do not disclose health information unless required for emergency response purposes.
- Military — If you are a member of the Armed Forces or a foreign military, I may release your health information to appropriate military authorities as required or permitted by law.
- Coroners, Medical Examiners, and Funeral Directors — I may disclose your health information to a coroner or medical examiner, or to a funeral director if required for them to carry out their duties.

In addition, the following disclosures are required by law and do not require your consent:

- Food and Drug Administration (FDA) — I'm required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.
- Worker's Compensation — I will release information to the extent authorized by law in matters of worker's compensation.
- Public Health — I'm required by law to disclose health information to public health and/or legal authorities to avert a serious threat to health or safety, to report communicable disease, injury, or disability, or to comply with mandated reporting requirements for tracking of birth and morbidity.
- Law Enforcement and Legal Actions — As required under state or federal law, your health information will be disclosed to appropriate health oversight agencies, public health authorities, law enforcement officials, or attorneys: (1) In response to a valid court order, subpoena, discovery request, warrant, summons, or other lawful instructions from the courts or public bodies; (2) To defend ourselves against a lawsuit brought against us; (3) In the event that a business associate of mine believes in good faith that one or more clients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional, ethical, or clinical standards; (4) When a client is a suspected victim of abuse, neglect or domestic violence; (5) To identify or locate a suspect, fugitive, material witness, or missing person; (6) In emergency situations to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- Health-oversight Activities — I may disclose health information as required by law, to governmental, licensing, auditing, and accrediting agencies.
- National-security and Intelligence Activities — I may disclose information about you to federal officials in order for intelligence, counterintelligence, and other national security activities, as required or authorized by law.
- Protective Services for the U.S. President and Others — I may disclose health information about you for special investigation purposes related to the U.S. President, foreign heads of state, and other key officials, as required or authorized by law.

I consider the following as routine uses and disclosures for which specific authorization will not be requested. You have the right to request restrictions on these uses. Otherwise, I will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.

- Business Associates — Some or all of your health information may be subject to disclosure through contracts for services to assist this office in providing health care. To protect your health information, we require these Business Associates to follow the same standards held by myself through terms detailed in a written agreement.

- **Communications with Family** — Using best judgment, a family member, close personal friend identified by you, personal representative, or other persons responsible for your care may be notified or given information about your care to assist them in enhancing your well-being or to confirm your whereabouts.

## **Your Health Information Rights**

You have certain rights regarding your health record:

- **Right to Inspect and Copy** — You have a right to inspect and receive a copy of your health information, including certain medical and billing records. You must submit your request in writing. I may charge a fee for the costs of copying and/ or mailing the information, as well as any other supplies associated with your request. I may deny your request under certain circumstances, such as if it is believed to endanger you or someone else. You may request a review of the denial.

- **Right to Request Amendment** — If you believe recorded health information I have about you to be incorrect or incomplete, you have the right to request that your health information be amended. You are required to submit your request in writing, with an explanation of why the amendment is needed. If I accept your request, I will add an addendum to your health record, but cannot change the original health record. If I deny your request, I will give you a written explanation of why I did not make the amendment. You may write a statement of disagreement if you are denied, and this statement will be stored in your health record and included with any release of your records.

- **Right to a List of Disclosures** — You have the right to receive a list of lawful disclosures we have made of your health information in the six years prior to your request. You must submit your request in writing, and state the period of time for which you want a list, which may not be longer than six years. You may receive the list in paper or electronic form. I may charge you for the cost of providing the list. I will inform you of any costs before you will be charged, and you may choose to modify or withdraw your request.

- **Right to Request Restriction** — You have the right to ask us to restrict or limit certain uses and disclosures of your protected health information, including to those who are involved in your care or payment for your care, such as a family member or friend. You must submit your request in writing. I do not have to agree to your request. If I do agree, our agreement must be in writing, and I will comply with your request unless the information is needed to provide you emergency treatment, or I am required or permitted by law to disclose it. I am allowed to terminate the restriction at any time, if I inform you. If I terminate the agreement, it will only affect health information created or received after I notify you.

- **Right to Request Confidential Communications** — You have the right to request that we communicate with you about health matters in a particular way or location. For example, you may request that I only contact you at home or by mail. Your request must be in writing, and must specify how you want us to contact you, including a valid alternative address. I may ask you how disclosure of all or part of your health information could put you in danger. I will honor all reasonable requests. If I am unable to contact you using the requested ways or locations, I may contact you using any information I have on file.

- **Right to Revoke Authorization** — Other uses and disclosures of your protected health information not covered by this notice or applicable laws will be made only with your written authorization. You may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose your protected health information for the reasons covered by your written authorization. I am unable to take back any disclosures that I have already made with your permission, and information disclosed to other parties may no longer be protected under the law once released and may be re-disclosed to other parties without your authorization.

- **Right to Be Notified in the Event of a Breach** — You have the right to be notified if the privacy of your protected health information has been compromised.

## **Changes to this Notice**

I reserve the right to change this Notice at any time. Any revised or changed Notice will be effective for protected health information already on file, as well as future protected health information we receive about you. You may request a paper copy of this Notice at any time.

## **My Right to Check Your Identity**

For your protection, I reserve the right to check your identity whenever you have questions about your consultation or

payment activities, or request to look at, copy, or amend your health record, or obtain a list of disclosures of your protected health information.

### **Exercise of Rights, Questions, or Complaints**

To receive additional information or report a problem, you may contact me. If you believe your privacy rights have been violated, you have the right to file a complaint with me and/or with the U.S. Secretary of Health and Human Services with no fear of retaliation.

### **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  
OCR Hotlines-Voice: 1-800-368-1019

Effective date of this notice: November 1, 2014