

NOTICE OF PRIVACY PRACTICE

Elizabeth B. Frazee, M.D.
Effective January 1st, 2021

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.

MY PLEDGE TO PROTECT YOUR PRIVACY

As a patient of mine, I am committed to protecting the privacy of health information I create or receive about you. Health information that identifies you ("protected health information", or "health information") includes your medical record and other information relating to your care or payment of care.

I am required by law to:

Make sure that your health information is kept private (with certain exceptions);

Give you this Notice of our duties and privacy practices with respect to health information about you; and

Follow the terms of the Notice currently in effect

WHO WILL FOLLOW THIS NOTICE

The following parties share the Hospital's commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of the Hospital, including our patient clinics.
- All employees, volunteers, trainees, students, and medical staff members of the Hospital.
- All affiliated entities, sites, and locations.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that I use and disclose your health information:

FOR TREATMENT

I may use health information to provide you with medical treatment or services. I may use and share health information about you with physicians, residents, nurses, technicians, medical students, or other medical personnel involved in your care. For example, a provider treating you for a condition may need to know that medications you are taking to assess risks related to drug interactions. Different medical facilities may also share health information about you to coordinate the services you need, such as pharmacy, lab work, and x-rays.

I may also disclose your health information to providers to facilitate care or treatment they provide you. For example, I may disclose your health information to your personal physician for care coordination purposes. In addition, I may provide access to your health information to affiliated entities and locations, such as affiliated provider groups for care coordination purposes.

Electronic exchange of health information helps ensure better care and coordination of care. The hospital participates in health information exchanges that allow outside providers who need information to treat you to access your health information through a secure health information exchange.

FOR PAYMENT

I may use and disclose your health information to bill and receive payment for health care services that I or others provide to you. This includes uses and disclosures to submit health information and receive payment from your health insurer, HMO, or other party that pays for some or all of your health care (payor) or to verify that your payor will pay for your health care. I may also tell your payor about treatment you are going to receive to determine whether your payor will cover the treatment. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission.

FOR HEALTH CARE OPERATIONS

I may use and disclose health information for health care operations. This includes functions necessary to run my practice or assure that all patients receive quality care, and includes many support functions such as appointment or procedure scheduling. I may also share your information with affiliated health care providers so that they may jointly perform certain business operations along with the hospital. I may combine health information about many of our patients to decide, for example, what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. I may share information with doctors, residents, nurses, technicians, medical students, clerks and other personnel for quality assurance and educational purposes. I may also compare the health information I have with information from other hospitals to see where I can improve the care and services I offer.

BUSINESS ASSOCIATES

I contract with outside entities that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, I may need to share your health information with a business associate requiring protection of the privacy and security of your health information.

APPOINTMENT REMINDERS AND OTHER COMMUNICATION

I may use and disclose health information to contact you as a reminder that you have an appointment for care. I will communicate with you using the information (such as telephone number and email address) that you provide. Unless you notify us to the contrary, I may use the contact information you provide to communicate general information about your care such as appointment location, date and time.

TREATMENT ALTERNATIVES

I may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES

I may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

I may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to threat, such as law enforcement, or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

WORKERS' COMPENSATION

I may release health information about you for Workers' Compensation or similar programs. These programs provide benefits for work related injuries or illness.

PUBLIC HEALTH ACTIVITIES

I may disclose health information about you for public health activities. These activities include, but are not limited to the following:

- To prevent or control disease, injury, or disability
- To report reactions to medications or problems with products
- To notify you of the recall of products that you 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 we believe you have been the victim of abuse, neglect, or domestic violence; I will only make this disclosure when required or authorized by law

HEALTH OVERSIGHT ACTIVITIES

I may disclose health information to a health oversight agency, such as the California Department of Public Health or the Center for Medicare and Medicaid Services for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil laws.

LAWSUITS AND DISPUTES

If you are involved in a law suit or a dispute, I may disclose health information about you in response to a court or administrative order. I may also disclose health information about you in response to a court or administrative order. I may also disclose health information about you in response to a subpoena, legally enforceable discovery request or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

I may release health information at the request of law enforcement officials in limited circumstances, for example:

- In response to a court order, warrant, summons or similar process
- In an emergency circumstance to report a crime

MILITARY AND VETERANS

If you are a member of the armed forces, I may release health information about you as required by military command authorities. I may also release health information about foreign military personnel to the appropriate foreign military.

OTHER USES OR DISCLOSURES REQUIRED BY LAW

I may also use or disclose health information about you when required to do so by federal, states, or local specifically mentioned in this notice. For example, I may disclose health information as part of a lawful request in a government investigation.

SITUATIONS THAT REQUIRE YOUR AUTHORIZATIONS

For uses and disclosures not generally described above, I must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes
- Uses and disclosures that constitute the sale of PHI
- Other uses and disclosures not described in this notice

If you provide me authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose health information about you for the activities covered by the authorization, except if I have already acted in reliance on your permission. I am unable to take back any disclosures I have already made with your authorization, and I am required to retain records of health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information I maintain about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a paper or electronic copy of health information that maybe be used to make decisions about your care. Usually, this includes medical and billing records, but may not include mental health information. I reserve the right to charge a fee to cover the cost of providing your health information records to you.

RIGHT TO AMEND

If you believe that health information I have on file about you is incorrect or incomplete, you may ask us to amend the health information. To request an amendment please contact my office.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures” which is a list describing how I have shared your health information with outside parties. This accounting is a list of the disclosures I made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with the law. You may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a twelve month period, I will charge you a reasonable fee.

RIGHT TO REQUEST RESTRICTIONS

I am legally required to accept certain request not to disclose health information to your plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that I can work to fully accommodate your request. I will comply with your request unless otherwise required by law.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to request that we communicate about your health information or medical matters in a certain way or certain location. For example, you can ask that we only contact you at work, rather than at your home. I will not ask you the reason for your request. I will work to accommodate all reasonable request. Your request must be in writing and specify how and where you wish to be contacted.

RIGHT TO BE NOTIFIED OF A BREACH

I am committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, I will notify you in accordance with applicable state and federal laws.

RIGHT TO A COPY OF THIS NOTICE

You have the right to a copy of this notice. Please contact the office to obtain a copy.

REQUEST FOR COPY OF HEALTH INFORMATION

To obtain more information about how to request a copy of your health information, receive an accounting of disclosures, amend or add an addendum to your health information please contact the office.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a written complaint with our office. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint with us or the Director.

The Department of Health and Human Services
200 Independent Ave, S.W.
Washington, D.C. 20201

CHANGES TO THIS NOTICE

I reserve the right to change our privacy practices and update this Notice accordingly. I reserve the right to make the revised or changed Notice effective for health information I already have about you as well as any information I receive in the future. I will make you aware of any changes to this notice by giving you a revised copy.

Elizabeth B. Frazee, M.D.

1425 University Avenue

Palo Alto, CA 94301

Office (650) 853-1353

Fax (650) 853-0560

ACKNOWLEDGEMENT

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices for the office of Elizabeth B. Frazee, M.D.

Print Name

Signature

Date

If signed by a legal representative, please provide the relationship to the patient and the patient's name:

Patient's Name

Relationship