

We at Westside Family Practice have always kept your health information secure and confidential. However, due to a new law, we are required to share with you how the new law affects you and your health information.

The law permits us to share your health information with those involved in your treatment. For example, a specialist physician whom we may involve in your care may review your file.

We may share your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may share your health information for our normal healthcare operations. For example, one of our staff may enter your information into our computer.

We may share your medical information with our business associates such as a billing service. We have a written contract with each business service that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call you and remind you about your appointment, If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may share your information with a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information with a few exceptions. Give us a written request regarding the information you want us to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have a right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request but will be happy to include your statements in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

This is a condensed version of the law. If you wish to read the detailed version, please ask our receptionist for a copy.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Jeanice Jones-Lambert at (805) 525-2121.

This notice goes into effect April 14, 2003.

ACKNOWLEDGEMENT

I have received a copy of the Westside Family Practice Notice of Privacy Practices.

Date _____ Signed _____ Print Name _____

If signing as a parent or guardian, please note the name of the patient _____