



Solutions for diseases of joints, muscles, bones and arthritis

**8640 West 3<sup>rd</sup> Street, Suite 300  
Los Angeles, CA 90048**

## **NOTICE OF PATIENT INDIVIDUAL RIGHTS**

Pursuant to the health Insurance Portability and Accountability Act ("HIPAA"), this is notice to you that with respect to your medical and health care records at this office, you have the following rights:

### **A. RIGHT TO ACCESS AND COPY INFORMATION**

In Accordance with 45 C.F.R. §164.524, you have the right to access and copy your own protected health information ("PHI") maintained in "designated record sets". A designated record set includes your medical records and billing records maintained in this office. Our office is required to respond to your request for access and/or copying of your records within 30 days following receipt of a written request from you. If your records are not accessible on site in the office, we are required to respond within 60 days.

If for some reason we deny your request to access or copy your records, you may appeal that denial to the contact person/privacy officer at this office, whose name, phone number and address are listed below.

You may be charged a reasonable fee for costs associated with the copying of your records. These costs typically will be ten cents (\$0.10) per page for standard reproduction of documents of a size 8 ½ by 14 inches or less and reasonable clerical costs incurred in locating and making the records available to be billed at the maximum rate of sixteen dollars (\$16.00) per hour per person, computed on the basis of four dollars (\$4.00) per quarter hour or fraction thereof and actual postage charges

### **B. RIGHT TO AMEND INFORMATION**

In accordance with 45 C.F.R. §164.526, you have the right to amend erroneous or incomplete PHI, unless the information was not created by our office, or the information is not in a "designated record set", or is accurate and complete, or would not be available for inspection under the previous section.

Our office is required to respond within 60 days, following receipt of a written request from you, by granting or denying your request. If we deny your request, you may file a statement of disagreement which will be included in your records. If you grant your request to amend the records, we will make the correction in all affected records, inform our business associates and others regarding the correction as needed and we will inform you when the correction has been made. Any corrections that may be made will conform to the medical practice model for amending medical records in order to retain the integrity of the original entry but append the correction.

### C. RIGHT TO OBTAIN ACCOUNTING OF DISCLOSURES

In accordance with 45 C.F.R. §164.528, you have the right to obtain an "accounting" of disclosures of your PHI made within six years before the request, starting from the effective date of April 14, 2003. The accounting shall include disclosures of your PHI made by both our office and our business associates and shall include the date, receipt name and address, description of the information disclosed, and the purpose of the disclosure.

Our office is required to respond within 60 days following a receipt of a written request from you.

Disclosures exempt from the accounting requirement include those: (a) to carry out treatment, payment or health care operations; (b) to you or your personal representatives; (c) for incidental purposes such as the office sign-in sheet; (d) to family members and others involved in your care; (e) for national security or intelligence purposes; and (f) correctional institutions and other law enforcement agencies under the custodial exception.

### D. RIGHT TO REQUEST RESTRICTION OF USE OR DISCLOSURE

In accordance with 45 C.F.R. §164.522(a), you have the right to request restrictions on how our office will use or disclose your PHI for treatment, payment, or health care operations and how your information will be disclosed to family members or others involved in your care. Our office is not required to agree to such restriction. However, if we agree, then we are obligated to comply with that agreement unless the information is required for an emergency, or is requested for law enforcement, judicial and administrative proceedings or research.

### E. RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATION

In accordance with §164.522 (b), we will accommodate reasonable request from you to receive communications of your PHI by alternative means or at alternative locations. For example, you may request our office not to send certain medical information to your home, so that a family member cannot access that information.

### F. RIGHT TO RECEIVE NOTICE OF PRIVACY PRACTICES

In accordance with 45 C.F.R. §164.520, you have the right to receive a notice of our office's privacy practices that describe the uses and disclosures of PHI, your rights under the Privacy Standards and our legal duties regarding PHI. We are required to inform you of your right to complain to our office or the Department of Health and Human Services (DHSS) Secretary, if you believe that your privacy rights have been violated. If you have any questions or if you wish to register a complaint, the person to contact is the contact person/privacy officer at this office, whose name, phone number and address are listed below.

The notice referred to in the preceding paragraph will be in plain language. Our office reserves the right to change its privacy practice in its privacy notice, but we will first publish a revised notice prior to any change in practices.

Our office will provide its notice to patients upon request, at first service and on our Web Site if a web site is available.

#### G. RIGHT TO CONSENT TO OR AUTHORIZE CERTAIN USES AND DISCLOSURES

As discussed in the section on uses and disclosures of PHI, *infra*, certain uses or disclosures will require your permission, whether consent, authorization or advance notice with an opportunity to object. In each of these circumstances, you have the right to grant or withhold that permission.

#### H. RIGHT TO COMPLAIN OF PRIVACY VIOLATIONS

You have the right to complain if your privacy rights have been violated. You may complain to the contact person/privacy officer at this office, whose name, phone number and address are listed below. You may also complain to the DHSS Secretary through the Office of Civil Rights at 1-866-627-7748.

We cannot require that you waive this right as a condition for providing treatment, payment or other services and cannot retaliate against you for lodging a complaint with the Secretary.

The contact person/privacy officer at this office may be contacted at (310) 659-7878.