

# NEWPORT MESA PULMONARY

136 Broadway, Costa Mesa, CA 92627 Tel (949)873-5537 Fax (949)873-5625

## NOTICE OF PRIVACY PRACTICES

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 ABOUT THIS NOTICE, PLEASE CONTACT OUR PRACTICE MANAGER AT [manager@newportmesapulmonary.com](mailto:manager@newportmesapulmonary.com), 136 Broadway, Costa Mesa, CA 92627, 949-873-5537.

**Our Pledge to Protect Your Privacy:** At Newport Mesa Pulmonary, we understand that medical information about you and your health is personal. We are committed to protecting the confidentiality of your medical information. We create a record of the care and services that you receive at Newport Mesa Pulmonary. We need this record to provide quality medical care to you, to obtain payment for services provided to you as allowed by your health plan, and to comply with certain legal requirements. We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices with respect to such information. This notice applies to all of the records of your care at Newport Mesa Pulmonary, and describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. This notice takes effect Friday, January 1, 2021, and will remain in effect until we replace it.

### **A. How We May Use or Disclose Your Medical Information**

We collect medical information about you and store it in a chart and on a computer. This is your medical record. The medical record is the property of Newport Mesa Pulmonary, but the information in the medical record belongs to you. The law permits us to use or disclose your medical information for the following purposes:

- 1. Treatment.** We use medical information about you to provide your medical care and share it with other professionals who are treating you. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
- 2. Health Information Exchange.** Newport Mesa Pulmonary participates in the Hoag Health Information Exchange (HIE) for treatment purposes, which is an electronic system that allows participating healthcare providers to share patient information in compliance with federal and state privacy laws. Through the Hoag HIE, your participating providers will be able to access medical information about you that is necessary for your treatment, unless you choose to have your information withheld from the Hoag HIE by personally opting out from participation. Medical information that currently by law requires an additional signed authorized or release will not be transmitted to the Hoag HIE without your consent or as otherwise mandated by law or regulatory requirements.

If you choose to opt out of the Hoag HIE (that is, if you feel that your medical information should not be shared through the Hoag HIE), we will continue to use your medical information in accordance with this Notice of Privacy Practices and the law, but we will not make it available to others through the Hoag HIE.

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**To opt out of the Hoag HIE, please contact the Hoag Director of Health Information Exchange in writing at One Hoag Drive, Newport Beach, CA 92663, or by telephone at (949) 764-8722.**

3. **Payment.** We use and disclose medical information about you to bill and obtain payment from health plans or other entities for the services we provide to you. For example, we give your health plan the information it requires so it will pay us for your services. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

4. **Health Care Operations.** We may use and disclose medical information about you to run our medical practice, improve your care, and contact you when necessary. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management.

We may also share your medical information with our “business associates,” which are outside entities that perform business and administrative services for us, such as our billing service, management consultants, quality assurance reviewers, accountants or attorneys. We may need to share your medical information with a business associate so it can perform a service on our behalf. We have a written contract in place with each of these business associates that contains terms requiring them to protect the confidentiality and security of your medical information.

We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, protocol development, case management or care coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, their activities related to contracts of health insurance or health benefits, or their health care fraud and abuse detection and compliance efforts.

5. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. We will communicate with you using the information (such as telephone number and email address) that you provide. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

6. **Sign In Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

7. **Notification and Communication with Family.** We may disclose your medical information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition or, unless you have instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you

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the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

8. **Marketing and Sales.** Most uses and disclosures of your medical information for marketing purposes, and disclosures that constitute a sale of your medical information, require your prior written authorization. The authorization will disclose that we will receive compensation for your medical information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. **Required by Law.** We will use and disclose your medical information when required to do so by federal, state or local law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. **Public Health.** We may and are sometimes required by law to disclose your medical information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. **Health Oversight Activities.** We may and are sometimes required by law to disclose your medical information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and California law.
12. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your medical information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. **Law Enforcement.** We may, and are sometimes required by law, to disclose your medical information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. **Coroners.** We may, and are often required by law, to disclose your medical information to coroners in connection with their investigations of deaths.

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15. **Organ or Tissue Donation.** We may disclose your medical information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary to facilitate organ or tissue donation and transplantation.
16. **Public Safety.** We may, and are sometimes required by law, use and disclose your medical information when necessary, to prevent a serious threat to your health and safety or the health and safety of a particular person or the general public. Any disclosure, however, would only be to someone able to help prevent the threat.
17. **Proof of Immunization.** We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.
18. **Specialized Government Functions.** We may disclose your medical information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. **Worker's Compensation.** We may disclose your medical information as necessary for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your medical information/record will become the property of the new owner, although you will maintain the right to request that copies of your medical information be transferred to another physician or medical group.
21. **Breach Notification.** In the case of a breach of unsecured protected medical information, we will notify you as required by law. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. **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 have additional protections under federal law and most uses or disclosures of psychotherapy require your written authorization.
23. **Research.** Under certain circumstances, we may use and disclose your medical information for health research, subject to federal and state confidentiality laws.

## **B. When We May Not Use or Disclose Your Medical information**

Except as described in this Notice of Privacy Practices, we will, not consistent with our legal obligations, use or disclose medical information which identifies you without your written authorization. If you do authorize

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us to use or disclose your medical information for another purpose, you may revoke your authorization in writing at any time.

## C. Your Medical information Rights

- 1. Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your medical information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.
- 2. Right to Request Confidential Communications.** You have the right to request that you receive your medical information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- 3. Right to Inspect and Copy.** You have the right to inspect and copy your medical information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to another person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. We may deny your request under very limited circumstances. If we deny your request for access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- 4. Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and include the reasons you believe the information is inaccurate or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that: was not created by us, unless the person that created the information is no longer available to make the amendment; is not part of the medical information kept by or for Newport Mesa Pulmonary; is not part of the information which you would be permitted to inspect and copy; or if the information is accurate and complete as is. Even if we deny your request for amendment, you may submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record that you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your record and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.
- 5. Right to an Accounting of Disclosures.** You have a right to receive an “accounting of disclosures” from

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us. An accounting of disclosures is a list of the disclosures we made of your medical information other than our own uses for treatment, payment and health care operations (as those functions are described above), and certain other disclosures (such as any you asked us to make). We provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**6. Right to Copy of this Notice of Privacy Practices.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically (for example, by e-mail). We will provide you with a paper copy promptly.

## **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such an amendment is made, we are required by law to comply with this Notice.

After an amendment is made, the revised Notice of Privacy Practices will apply to all protected medical information that we maintain, regardless of when it was created or received. We will keep a copy of the current Notice posted in our reception area, and a copy will be available at each appointment.

## **E. Complaints**

You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this Notice. All complaints must be submitted in writing.

You may also file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

We will not retaliate against you for filing a complaint.