

HIPAA NOTICE OF PRIVACY
PRACTICES

**Poneh Rahimi, MD, Inc
26921 Crown Valley Pkwy #203
Mission Viejo, CA 92691
(949) 364-2536**

HIPAA NOTICE OF PRIVACY PRACTICES

Effective date – 4/13/03

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 Nathalie, HIPAA Coordinator.

WHO WILL FOLLOW THIS NOTICE?

Any health care professional authorized to enter information into your office chart, as well as all employees, staff, and other office personnel and/or staff of Poneh Rahimi, MC, Inc or hospital/lab involved in your care.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our office to provide you with quality care and to comply with legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information the identifies you is kept private; Give you this notice of our legal duties and privacy practices with respect to Medical information about you; and Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information:

For Treatment

For Payment

Appointment Reminders

Treatment Alternatives

Individuals Involved in Your Care of Payment for Your Care

As Required by Law

To Avert a Serious Threat to Health or Safety

Public Health Risks

Workers' Compensation

Health Oversight Activities

Lawsuits and Disputes

Law Enforcement

Coroners, Medical Examiners, Funeral Directors

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

The Right to Inspect and Copy

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Poneh Rahimi, MD, Inc. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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 submitted to Poneh Rahimi, MD, Inc. with a reason to support the request. We may deny your request if you ask us to amend information that was not created by us or is accurate and complete.

Right to an Accounting of Disclosures

You may make a written request for a list of the disclosures we made of medical information about you after April 13, 2003.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations, or to someone involved to your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Poneh Rahimi, MD, Inc. and tell us: 1) what information you want to limit 2) whether you want to limit our use, disclosure or both and 3) to whom you want the limits to apply.

Right to a Paper Copy of this Notice

CHANGES TO THIS NOTICE

We reserve the right to change and update this notice, effective for medical information we already have about you as well as any information we receive in the future. A current notice will be available at all times and a printed one supplied, upon request

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. Please contact Natalie, HIPAA Coordinator. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to us or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.