

PARHAM GHARAGOZLOU, MD INC

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HIPPA Policy Parham Gharagozlou, MD INC Notice of Privacy Practices

Effective Date: 10/1/2010

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.

Parham Gharagozlou, MD Inc. uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Parham Gharagozlou, MD INC.

How Parham Gharagozlou, MD INC. may Use or Disclose Your Health Information

For Treatment. your health information may be used to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions take by them in the course of your treatment and note how you respond to the actions.

For Payment. Your health information may be used and disclosed to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. Parham Gharagozlou, MD INC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments. Parham Gharagozlou, MD INC may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

Required by Law. Parham Gharagozlou, MD INC may use and disclose information about you as required by law. For example, Parham Gharagozlou, MD INC may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Your Health Information Rights

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, Parham Gharagozlou, MD INC is not required to agree to a requested restriction;
- obtain a paper copy of the notice of information practices upon request;
- inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- amend your health record as provided in 45 CFR §164.526;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528.

Complaints

You may complain to Parham Gharagozlou, MD INC and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Parham Gharagozlou, MD INC Option:

Care is required to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Parham Gharagozlou, MD INC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you in the manner prescribed in Policy and Procedures.

Contact Information

If you have any questions or complaints, please contact:
 Parham Gharagozlou, MD
 925 849 6634

Hereby I certify that I read and understood the above privacy information and consent to it.

Signature of patient or legal guardian: _____

Patient Name _____

Relationship to Patient _____

Date _____

Office Use Only

I attempted to obtain the patient’s signature in acknowledgement of this Notice of Privacy Practice Acknowledgement, but was unable to do so as documented below:

Date: _____ **Initials:** _____ **Reasons:** _____