



Center for Living Health, Inc. Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

Introduction

At Center for Living Health (CFLH), Inc. we are committed to treating and using protected health information (PHI) about you responsibly. Practitioners of CFLH include Michael Allen, MD, Linda Lazar Allen, CAMT and Morgan Allen, CHC. This Notice of Privacy Practices (Notice) describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. You have the right to receive a copy of this notice upon request. This Notice is effective 9/1/2014, and applies to all protected health information as defined by federal regulations.

Understanding Your Protected Health Information

Our office is permitted by federal privacy laws to make uses and disclosure of your PHI for purposes of treatment, payment, and health care operations. PHI is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. This Notice also describes your rights to access and control your PHI.

Changes to this Notice: We may change, amend or eliminate provisions related to our privacy practices and make any new provisions effective for all PHI we maintain, at any time. This Notice covers all PHI that we maintain at the time of effectiveness. Upon your request, we will provide you with any revised Notice. You may call our office during business hours to request that a revised copy be sent to you in the mail or you may ask for one when you next visit our office. A copy of this Notice will also be posted on our website

How We Use and Disclose Medical Information about You: The categories set forth below describe the different ways that we may use and disclose your PHI and include a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your PHI that are not listed or described below will be made only with your written authorization or in the manner permitted by law. You may revoke your prior authorizations, at any time, in writing, but it will not apply to any actions we have already taken.

Examples of Disclosures

CFLH, Inc. collects PHI about you and stores it in a written chart. This is your medical record. The medical record is the property of our medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

Treatment: We may disclose your PHI to practitioners and staff of CFLH providing treatment to you. We may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, your PHI may be provided to a physician or other licensed professional to whom you have been referred by us or are otherwise seeing. If a lab or other similar test is required outside our office, a laboratory technician will also have access to some of your PHI.

Payment: Your PHI may be used and disclosed by us to obtain payment for services, to assist you in obtaining payment from your insurance company for services we provide you or to assist another health care provider in obtaining payment for their services to you. We may also disclose you PHI as required by your health insurance plan before it approves health care services or reimburses you for services and this may include

information that identifies you. An authorization is required prior to releasing any Protected Health Information (PHI) for marketing, fundraising, or for the sale of any PHI

Notification and communication: We may use or disclose your PHI to provide you with appointment reminders via phone, e-mail, or letter. If you are not home, we may leave a message on an answering machine or with a person who may answer the telephone. We may disclose PHI to a family member, or your personal representative or another person responsible for your care about your care, location, and general condition. Using our best judgment, we will only disclose PHI that is directly relevant to the person's involvement in your care. We may use or disclose your PHI to contact you regarding lab tests or other similar test results, by mail, telephone, fax or internet or to make a referral.

Signing In: 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.

Others involved in your health care: Unless you object, we may disclose to a member of your family, a relative, a close friend designated by you or any other person you identify, PHI that directly relates to the involvement of such other person in your health care, your location or general condition. We may also disclose such information if we determine that it is required to prevent a serious threat to health or safety.

Required by law: We may also use or disclose your PHI when we are required to do so by law. We may, and are sometimes required by law to disclose your PHI 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 or reactions to medications.

When CFLH, Inc. May Not Use or Disclose Your PHI

Most uses and disclosures that do not fall under the categories listed above will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Your Health Information Rights

You have the right to:

- Restrict the disclosure of your PHI by written request. The request for restriction may be denied if the information is required for treatment or payment of healthcare operations.
- The patient has the right to restrict disclosure of information to a health plan if the service is paid in full by the patient
- Receive confidential communications regarding your PHI.
- Receive, or transfer to another practice, a copy of your PHI through written request to our office using the form we provide. We may charge a reasonable fee for this service.
- Request (in writing) that your PHI be amended to correct incomplete or incorrect information.
- To know of any uses or disclosures of your PHI upon written request.
- Obtain a paper copy of this Notice of Privacy Practices upon request.
- Under applicable federal and state law, you may not inspect or copy certain records including psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and medical information that is subject to laws that prohibits access to medical information in certain other circumstances. In some circumstances, we have the right to deny your request to see certain information; however, you may have a right to have this decision reviewed. Please
- contact our Privacy Officer if you have questions about access to your PHI.

Our Responsibilities

- Our office is required to:
- Maintain the privacy of your PHI as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice of Privacy Practices.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate PHI with you.
- Accommodate your request for information about uses and disclosures of your PHI.
- We are not required to agree to your request under all circumstances. For example, if we believe the information is necessary for your treatment, payment or our health care operations, we can deny your request. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is

mandated by law, needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restriction you wish to request with your physician, who may discuss your request with our Privacy Officer.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and to make the new provisions effective for all PHI we maintain. You are entitled to receive a revised copy of this Notice of Privacy Practices by calling and requesting a copy or by visiting our office and picking up a copy.

For More Information or to Report a Problem

If you have questions and would like additional information, please contact us at the following address or phone number:
Center for Living Health, Inc., Privacy Officer: Jim Kolkka, 800 Howe Ave Ste 370, CA 95825916-803-7040
We will make every reasonable effort to address your concerns.

If you believe your privacy rights have been violated, you may file a written complaint with our office. You may also file a complaint by mailing it to the Secretary of Health and Human Services at the following address:
Office for Civil Rights ,U.S. Department of Health and Human Services ,200 Independence Avenue, S.W. Room 509F, HHH Building ,Washington, D.C. 20201

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the office.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services