

## **Nahid Hamoui, M.D., Inc.**

Dear Patients,

Effective: April 14, 2003

This letter provides an overview of our Notice of Privacy Practices (Notice). We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to notify our patients with a full disclosure, which describes how we may use and disclose medical information about you. In addition, our letter explains how you can obtain a paper copy of the full Notice. Please review this overview carefully. We understand that information about you and your health is personal and we are committed to protection the information while you are in our care, and for as long as we maintain your personal information in our files. This applies to all records produced by us, or that are in our possession.

The following is a list of how we use and disclose your identifiable health information.

- For treatment. For imaging services or medical treatment requested by your healthcare practitioner.
- Transfer of records. Your healthcare practitioner may, without our knowledge, forward images and diagnostic reports to another practitioner or facility that is participating in your care.
- For Payment. We may disclose your identifiable health information in order to receive authorization, bill and collect payment for services rendered, or to assist your other providers bill and collect for their services.
- For healthcare operations. These types of uses and disclosures are necessary to make sure that all of our patients receive quality care, and to evaluate our services and our staff.
- Appointment reminders. This is to remind you of an appointment.
- Treatment options. This is to tell you about or recommend possible imaging options or alternatives that may be available or of interest to you.
- Research. We may use and disclose your personal health information for research purpose in certain limited circumstances. This will only occur with protections for your privacy.
- Individuals involved in your care. This may be a friend or family member involved in your care or the payment of your care.
- Disaster relief. We may disclose your personal health information to an entity assisting in a disaster relief effort, so that for example, your family can be notified of your whereabouts.
- Disclosures required by law. We will disclose medical information about you when required to by federal, state or local law.
- Military and veterans. If you are a member of the armed forces, we may release medical information about you, as required by military authorities.
- Workers Compensation. If your care is covered under Workers Compensation because of a work related injury or illness, we may release your medical information to authorized sources.
- Due in part to September 11<sup>th</sup>, we may be required to disclose medical information about you to authorize federal officials, for the protection and well-being of our national security.

You have the following rights regarding your medical information.

- Right to inspect and copy your medical information. This generally includes medical reports and billing records that we have produced. You must submit a request in writing to Dr. Nahid Hamoui, M.D., Inc.. We may charge a fee for this service.
- We may deny your request to inspect and copy some of your records. You may request a review of the denial. Another licensed healthcare professional that is not employed by this facility will review our request. We will comply with the outcome of the review.

- Right to amend. If you feel that the medical information that we have is incorrect or incomplete, you may ask us to amend it for as long as the information is kept by us. Your request must be in writing to the office and you must include a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or if you ask us to amend information that was not created by us, or the information is medically correct and complete.
- You have the right to add an addendum of up to 250 words in your medical record which may describe anything with which you disagree.
- Right to an accounting of disclosures. You may request in writing to the office, to obtain a list of the medical information disclosures about you that we have made. Your request may not cover more than six years, and may not include information prior to April 14, 2003.
- Right to request restrictions. You may request in writing to the office that specific people or entities not be allowed access to your medical information regarding your care, treatment or payment arrangements. We are not required to agree with your request if it in any way interferes with or jeopardizes your healthcare, or is otherwise required by law.
- Right to request confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example, at work, at home or by mail. Your request must be in writing to the office.
- You have a right to a paper copy of this letter and of our Notice of Privacy Practices. Please contact the receptionist.

We reserve the right to change our Notice, and to make the change effective for your medical information we already have, as well as your medical information that we receive in the future. You have the right to obtain a copy of any Notice that is in effect in this office, and we will offer you a copy of the Notice that is in effect each time you register at Dr. Nahid Hamoui, M.D., Inc. Office for services.

If you believe that we have violated your privacy rights, please ask to speak to the Office Manager so that we may investigate and take appropriate steps to correct the situation. If you do not feel that we have taken adequate corrective steps, you may file a complaint with this office with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to the Office Manager of Dr. Nahid Hamoui, M.D., Inc.. Other uses and disclosures of medical information not covered in our Notice will only be made with your written permission, or if required by law. You understand that we cannot take back any disclosures for which you have already given your permission.

As always, our number one priority is to provide you with the best services possible, and to do so with respect for your privacy. Please let us know if there is anything else that you feel we can do to improve our care for you.