

Notice of Privacy Practices

As Required by the Privacy Regulations created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUAL HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Daniel F. Goodman, MD, A Medical Group, Inc. is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practices that we have in effect at the time of your care.

To help our patients understand these complicated laws, we have provided the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by Daniel F. Goodman, MD, A Medical Group, Inc. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of your current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St., 2nd Floor, San Francisco, CA 94115 (415) 474-3333

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your PHI:

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to clear you for surgery. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Our doctors and employees may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

2. **Payment.** Daniel F. Goodman, MD, A Medical Group, Inc., may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties, such as family members, that may be responsible for such costs. Additionally, we may use your PHI to bill you directly for service and items.
3. **Health Care Operations.** Daniel F. Goodman, MD, A Medical Group, Inc. may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received, or to conduct cost management and business planning activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact and remind you of an appointment. For example, you may receive appointment reminders by mail, telephone, answering machine, email, or text. Please notify us in writing if you prefer that no reminder be sent.
5. **Treatment Options.** Our practice may use and disclose you PHI to inform you of potential treatment options or alternatives.
6. **Health Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in or assists with your care. For example, if a friend drives you to and from our Surgery Center for your surgery, they may be given prescriptions to be filled, or information necessary for your post-operative care.
8. **Disclosures Required by Law:** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. **Public Health Risks.** Daniel F. Goodman, MD, A Medical Group, Inc. may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintenance of vital records, such as births and deaths
 - Mandatory reporting, such as child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notification of potential exposure to a communicable disease
 - Notification of a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs, or problems with products or devices
 - Notification if a product or device has been recalled
 - Notification of the potential abuse or neglect of an adult patient (including domestic violence) to the appropriate government agency and authority. (Note: this is subject to agreement by the patient unless required by law).
 - Notification relating to workplace injury or illness or medical surveillance, under limited circumstances, to your employer.

2. **Health Oversight Activities.** Daniel F. Goodman, MD, A Medical Group, Inc. may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor compliance with civil rights laws and the health care system.
3. **Lawsuits and Similar Proceedings.** Daniel F. Goodman, MD, A Medical Group, Inc. may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute. We will make an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official regarding:
 - The victim of a crime, with the agreement of the patient
 - A death believed to have resulted from criminal conduct
 - Criminal conduct at our office
 - A response to a warrant, summons, court order, subpoena, or similar legal process
 - Location or identification of a suspect, material witness, fugitive, or missing person
 - Reporting a crime including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator
5. **Research.** Daniel F. Goodman, MD, A Medical Group, Inc. may use and disclose your PHI for research purposes under limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study, (ii) the use or disclosure of your PHI is being used only for the research, and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
6. **Serious Threats to Health or Safety.** Daniel F. Goodman, MD, A Medical Group, Inc. may use and disclose your PHI when necessary to reduce or prevent a serious threat to the health and safety of you, another individual, or the public. Under these circumstances, we will only make disclosures to a person or organization necessary to prevent the threat.
7. **Military.** Daniel F. Goodman, MD, A Medical Group, Inc. may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. **National Security.** Daniel F. Goodman, MD, A Medical Group, Inc. may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.
9. **Inmates.** Daniel F. Goodman, MD, A Medical Group, Inc. may disclose the PHI of inmates or individuals under the custody of a law enforcement official to correctional institutions or law enforcement. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety and that of other individuals.

10. **Workers' Compensation.** Daniel F. Goodman, MD, A Medical Group, Inc. may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI we maintain:

1. **Confidential Communications.** You have the right to request that our practice communicate health and related information in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to *Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94113, (415) 474-3333* specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your Individually Identifiable Health Information (IIHI), you must make your request in writing to *Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94113, (415) 474-3333*. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requesting to limit our practice's use, disclosure, or both
 - To whom you want the limits to apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to *Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94113, (415) 474-3333* in order to inspect and/or obtain a copy of your PHI. Daniel F. Goodman, MD, A Medical Group, Inc. may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Daniel F. Goodman, MD, A Medical Group, Inc. may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Daniel F. Goodman, MD, A Medical Group, Inc. To request an amendment, your request must be made in writing and submitted to the attention of *Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94115, (415) 474-3333*. You must provide us with a reason that supports your request for amendment. Daniel F. Goodman, MD, A Medical Group, Inc. will deny your request if you fail to submit your request and reasoning in writing. We may also deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete, (b) not part of the PHI kept by or for the practice, (c) not part of the PHI which you would be permitted to inspect and copy, or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of our patients have the right to request and “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented for “accounting of disclosures.” For example, the doctor sharing PHI with your nurse in the recovery room or the billing department using your PHI to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to *Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94115, (415) 474-3333*. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, *contact Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94115, (415) 474-3333*.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Daniel F. Goodman, MD, A Medical Group, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, *contact Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St. 2nd Floor, San Francisco, CA 94115, (415) 474-3333*. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Daniel F. Goodman, MD, A Medical Group, Inc. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

If you have any questions regarding this notice of our health information privacy policies, please contact *Daniel F. Goodman, MD, A Medical Group, Inc., 2211 Bush St, 2nd Floor, San Francisco, CA 94115, (415) 474-3333*.