

DILIP TAPADIYA, M.D. INC.

Notice of Privacy Practices

Effective April 14, 2003; Updated December 10, 2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This Notice Of Privacy Practices applies to all services provided by Dilip Tapadiya, M.D. Inc. (clinical practice, physical therapy, and imaging services). The law requires us to protect the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to this health information. Protected health information (PHI) is defined as demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional and can personally identify an individual. This Notice of Privacy Practices outlines our legal obligations regarding your health information. We are required to comply with the terms of this Notice of Privacy Practices, effective April 14, 2003. We reserve the right to change the terms of this Notice of Privacy Practices and to make the new terms effective for all health information we possess. We will communicate any changes by providing you with a new copy of the Notice of Privacy Practices the next time you receive treatment at our facility after any such change.

How We May Use or Disclose Your Health Information

We collect health information from you and store it in a paper chart or on our computer system. This is your medical record. Although this record belongs to Dilip Tapadiya, M.D. Inc., the information in the record belongs to you. The law allows us to use or disclose your health information for the following purposes.

Routine Uses

1. *For Treatment.* We may use your health information to provide you with medical treatment or services. For example, if you are receiving surgery at our facility, a surgeon may review your medical record and release medical information if it is necessary to provide you treatment, such as sending information to a laboratory to run tests on your behalf.
2. *For Payment.* We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may send a bill for your services to your health insurance company, and this bill may contain certain information such as your name and the service we provided to you. Or, obtaining approval for a surgical procedure may require that your relevant health information be disclosed to the health plan to obtain approval for the procedure. It may also be used to secure payment from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. This process is limited by federal and state law is followed carefully by Dilip Tapadiya, M.D. Inc.
3. *For Health Care Operations.* We may use and disclose your health information for the operation of our facility. For example, we may disclose information to our medical staff or employees for training purposes, to evaluate performances, to assess the quality of care provided in our facility, and to determine how to improve the health care we provide.
4. *Business Associates.* We may also share your health information with third party "business associates" that perform various activities (e.g., collection services, legal services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.
5. *Follow Up.* We may use your health information to check on your recovery status after surgery or after in-office treatment.
6. *Worker's Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

Other Uses

7. *Suspected Abuse.* In cases of suspected child or elder abuse of a patient, we are required by law in certain situations to disclose protected health information to the appropriate authority (e.g. law enforcement officials).
8. *Criminal Activity.* Your health information may also be disclosed to avert or lessen a serious and imminent threat to health or safety of any other person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual. We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
9. *Communication with Family and Friends.* We will disclose your health information to your family members and friends if you are in our facility and conscious and you allow such a disclosure, or if it is reasonable to assume from the circumstances that you allow the disclosure. If you are not in our facility or you are incapacitated, our health care practitioners will exercise professional judgment to determine whether a limited disclosure to your family, personal representative, or other persons

responsible for your care is in your best interests. In these situations, we do not disclose specifics of a patient's medical condition to third parties under any circumstances. We may also disclose your health information to notify or assist you in notifying a family member, your personal representative, or other persons responsible for your care about your location, general condition, or death.

10. *Public Health Agencies.* We may use or disclose your health information for public health activities such as assisting public health authorities in preventing or tracking disease and maintaining customer records of medical supplies in the event of product recall. We are required to report initial diagnosis of certain sexually transmitted diseases and communicable diseases to state public health agencies.

11. *Judicial and Governmental Needs.* Your protected health information may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process. We will disclose only that health information expressly authorized by such order. Your protected health information may be disclosed to law enforcement agencies, so long as applicable legal requirements are met, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

12. *Decedents.* Health information may be disclosed to funeral directors or coroners to enable such persons to perform their duties. Your health information may also be used or disclosed for cadaver organ, eye, or tissue donation purposes provided you have authorized this in advance.

13. *Compliance.* We may disclose your protected health information to a recognized and authorized health oversight agency for such legally authorized activities as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system such as the Department of Health and Human Services or CMS (the entity that oversees Medicare), government benefit programs, other government regulatory programs and civil rights laws.

14. *Military Activity and National Security:* When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

15. *Research:* Your protected health information may be used or disclosed to researchers when their research has been approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. Your protected health information may also be used for specified retrospective studies. If this happens, all identifying information will be removed per federal regulations.

16. *Product Safety:* Your protected health information may be disclosed to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, and to make repairs or replacements, or to conduct post-marketing surveillance.

17. *Other Uses.* Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken action in reliance upon the authorization.

It should be noted that your protected health information may be used or disclosed only to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures on your request.

Your Rights Regarding Your Health Information

You have certain rights with respect to your health information. They are listed below. If you would like to exercise any of these rights or if you have questions regarding your rights, please contact: Dr. Dilip Tapadiya, 11170 Warner Avenue, Suite 106, Fountain Valley, CA 92708.

1. You have the right to request that we limit our uses and disclosures of your health information, as you specify. In certain cases, we may not be able to honor this request when the information sought to be limited falls under the legally accepted disclosures as outlined above.

2. You have the right to request that we communicate with you through alternative means or locations, and we will respect any reasonable requests.

3. You have the right to review and obtain a copy of your health information. We have the right to charge you a fee for the cost of providing you with such a copy.

4. You have the right to request that we amend your health information. We will review your request but not necessarily make the amendments you request.

5. You have the right to obtain an accounting of disclosures that we have made of your health information except disclosures for treatment, payment, health care operations, disclosures authorized by you, and disclosures for certain government or law enforcement functions.

6. You have the right to revoke any authorization you made for the use or disclosure of your health information except to the extent we have already relied on the authorization.

7. You have the right to receive a paper copy of this notice.

Complaints

You may complain to us if you think we have violated your privacy rights. We will listen to your complaint and do our best to address it. You will not be retaliated against for bringing a complaint. Please direct complaints to: Dr. Dilip Tapadiya, 11170 Warner Avenue, Suite 106, Fountain Valley, CA 92708. You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights.