



## **New Intake - HIPAA Privacy Practices (rev 10/2021)**

**Reclaim Joy Medical**

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**[www.ReclaimJoyMedical.com](http://www.ReclaimJoyMedical.com)**

### **HIPAA Notice of Privacy Practices**

I. This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

II. It is my legal duty to safeguard your protected health information (PHI). By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care service to you, or the payment for such health care. I am required to provide you with the Notice about my privacy procedures. The Notice must explain when, why, and how I would use and/or disclose your PHI. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

III. How I will use and disclose your PHI. I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Uses and Disclosures related to treatment, payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

1. For treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with healthcare services or are otherwise involved in your care. Example: if a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
2. For healthcare operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. I may provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am following applicable laws.
3. Other disclosures. Examples: your consent is not required if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. If I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.



B. Certain other uses and disclosures do not require your consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when law requires me to report information to government agencies, law enforcement personnel and/or in an administrative agency.

2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

4. If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.

5. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.

6. If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.

7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abused or neglect.

8. If disclosure is mandated by the California Elder/ Dependent Adult Abuse Reporting Law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.

9. If disclosure is cancelled or permitted by the fact that you, (or a family member) tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

10. For public activities. Example: In the event of your death, if a disclosure permitted or compelled, I may need to give the county coroner information about you.

11. For health oversight activities. Example: I may be required to provide information to assist the government during an investigation or inspection of a health care organization or provider.

12. For specific government functions. Example: I may disclose PHI of military personnel and veterans under



certain circumstances. Also, I may disclose PHI in the interests of national security.

13. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.

14. For Workers' Compensation purposes. I may provide PHI to comply with Workers Compensation laws.

15. Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

17. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

18. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

19. If disclosure is otherwise specifically required by law.

C. Certain Uses and Disclosures Provide You the Opportunity to Object. Example: Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action after the original authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI: These are your rights with respect to your PHI.

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I may see fit to provide you with a summary or explanation of the PHI but only if you agree to it.



B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address.

D. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) not correct and complete (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial.

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C. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address.



**Reclaim Joy Medical**  
**4633 Old Ironsides Dr, Ste 210**  
**Santa Clara, California, US - 95054-1836**

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D. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) not correct and complete (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial.

By signing below I certify that I have read this notice of privacy practices. Reclaim Joy Medical's policy is to post a copy of the Privacy Practices to your Patient Portal, after it is signed by you. A copy of Reclaim Joy Medical's Notice of Privacy Practices is also available on Reclaim Joy's website.

**PATIENT OR GUARDIAN SIGNATURE \***

NAME OF PATIENT OR GUARDIAN \*

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Date Signed \*

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