FROM THE OFFICE OF MARC H. REINER, M.D.
DIPLOMATE: AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

Bay View Psychiatry

Notice of Privacy Practices

This notice describes how protected health information about you may be used and how you may access this information. "Protected Health Information" used in this document indicates information about, including demographic information, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment of that care.

Federal and California state law require that you be provided with this notice about your rights and our legal duties and privacy practices with respect to your protected health information. The terms of this notice must be followed while it remains in effect. Some of the uses and disclosures described may be limited in certain cases by applicable state laws, which may be more stringent than federal standards.

Use and Disclosure of Protected Health Information
We may use and disclose your protected health information for different purposes. We have provided examples below to illustrate various uses and disclosures we may potentially make without your authorization for payment, health care operations, and treatment.

I. *Payment*
We use and disclose your protected health information in order to be reimbursed by your insurer for any covered health expenses. In the case that this includes multiple payers, we will disclose information to all insurance parties.

II. *Health Care*
We use and disclose your protected health information in order to administer your medical care. Examples include quality assurance, data managements, and customer service, as well as for underwriting purposes.

III. *Plan Sponsor*
If you are enrolled in a medical plan administered by a group health plan, we may provide summaries of services and benefits that you have received as an enrollee in a group health to the plan sponsor, who is usually the employer.

IV. *Enrolled Dependents/Family Members*
We may mail benefit and billing information containing protected health information to the address we have on record for the enrollee of the medical plan.

Other Permitted/Required Disclosures
There are other medically or lawfully required situations in which we may disclose your protected health information without written authorization. These include but are not limited to:

I. *Lawfully Required Disclosure*
We must disclose protected health information about you when required to do so by law.

II. *Public Health Activities*
We may disclose protected health information to public health agencies for reasons such as preventing and/or controlling disease, injury, or disability.

III. *Abuse, Neglect, or Domestic Violence Cases*
We may disclose protected health information to government agencies regarding cases of abuse, neglect, or domestic violence.

IV. *Health Oversight Activities*
We may disclose protected health information to government oversight agencies (e.g., state insurance departments, insurance auditing departments) for activities authorized by law.

V. *Judicial & Administrative Proceedings*
We may disclose protected health information in responses to a court mandate, administrative order, subpoena, discovery request, or other lawful process.

VI. *Law Enforcement*
We may disclose protected heath information under limited circumstances to law enforcement officials in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

VII. *Special Government Functions*
We may disclose information as required by military authorities or to authorized federal officials for national security and/or intelligence activities.

VIII. *Workers Compensation*
We may disclose protected health information to the extent necessary to comply with state law for Worker's Compensation programs.

Other uses and disclosures of your protected health information will be made only with your written authorization. You may revoke an authorization at any time in writing; except to the extent that we have already taken action the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under your medical plan.

Your Rights Regarding Protected Health Information
You have certain rights regarding your protected health information maintained by this practice.

I. *Right to Access*
You have the right to review or obtain copies of your protected health information records, including enrollment and claims, with some limited exceptions. Your request to review and/or obtain a copy of your protected health information must be submitted in writing. A $25 fee for producing, copying, and mailing requested information may be incurred, but said fee will be made known to you in advance.

II. *Right to Amendment*
If you feel that protected health information maintained by the medical practice is incorrect or incomplete, you may request that we amend the information. This request must be submitted in writing and provide the reason for seeking amendment. A request may be denied if: it encroaches on ethical business practices, involves information that was not created at this practice, or involves a record, which, is accurate and complete. You will be notified in writing of any denial, and have the right to submit a written statement of contest, which we have the right to rebut.

III. *Right to Accounting of Disclosures*
You have a right to request an account of disclosures of your protected health information made by this medical practice. The request must be submitted in writing and must include a specific time period of services, which, may not be longer than six years prior to the date of the request. The list will not include disclosures to carry out treatment, payment, and healthcare operators and to individuals about themselves, and disclosures made before the Privacy Rules compliance date. (04.13.2003)

IV. *Right to Restriction of Use & Disclosure*
You have a right to request a restriction on use and disclosure of your protected health information that pertains to treatment, payment, and health care operations and/or to request restrictions of disclosure to family members, relatives and close friends. This request must be in writing, and include any specific information you wish limited, any use/disclosure limitations, and whom you wish to restrict access to. We may not agree to your request. In cases of agreement, we will comply with your request unless the information is needed in emergency, or is required under law.

V. *Right to Confidential Communication*
You have the right to request that we use a certain method(s) to communicate with you about the medical practice and to restrict where we send information if certain locations could endanger you. Your request to receive confidential communications must be made in writing, clearly state how all or part of the communication methods and/or locations could endanger you, and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

VI. *Right to Copy of this Notice*
You have the right to a paper copy of this notice at any time.

Health Information Security
This medical practice requires employees to follow all security polices and procedures that limit access to protected health information about patients to those employees who require them to fulfill job responsibilities. In addition, we maintain physical, administrative, and technical security measures to safeguard your protected health information.

Changes to This Notice
We reserve the right to change the terms of this notice at any time, effective for protected health information that we may already have about you, as well as any information received in the future. We will provide a copy of the new notice whenever we make a material change to the privacy practices described in this notice. We will post a copy of our current notice. Any time we make a material change, we will promptly review and issue the new notice along with the new effective date.

Complaints
If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints to the medical practice must be made in writing and sent to the privacy officer. We support your right to protect the privacy of your health information. We will not retaliate against, or penalize, you in any way for filing a complaint.

I have read and acknowledge this Notice of Privacy Practices:

_____
Print Name

_____ _____
Patient (or Parent/Guardian) Signature Date