

Notice of Privacy Practices
San Bernardino Medical Group Inc (SBMG)
1700 N Waterman Avenue, San Bernardino CA 92404
Privacy Officer: Sherry O'Keefe 909-883-8611

Aviso de las Prácticas de la Privacidad

Disponible en español en el Departamento de Relaciones al Paciente junto a la Farmacia.

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

SBMG understands the importance of privacy and is committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligation to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

A. How SBMG May Use or Disclose Your Health Information

SBMG collects health information about you and stores it in a chart or on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes.

1. **Treatment** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
2. **Payment** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates", such as a Durable Medical Equipment provider. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearing house, under California law all recipients of health care information are prohibited from disclosing it except as specifically require or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualification and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. **Appointment Reminders** We may use and disclose medical information to contact and remind you about appointments. If you are not home our automated appointment reminder system may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Sign In Sheet** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Notification and Communication with Family** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health care professionals will use their best judgment in communication with your family and others.
7. **Marketing** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or

health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. If you are currently an enrollee of a health plan, we may receive payment for communications to you in conjunction with our provision, coordination, or management of your health care and related services, including our coordination or management of our health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for healthcare, but only to the extent these communication describe: 1) a provider's participation in the health plan's network, 2) the extent of your covered benefit, or 3) concerning the availability of more cost effective pharmaceuticals. We will not accept any payment for other marketing communications without your prior written authorization unless you have a chronic or seriously debilitating or life-threatening condition and we are making the communication in conjunction with our provision, coordination, or management of your health care and related services, including our coordination or management of your health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for health care. If we make these types of communications to you while you have a chronic and seriously debilitating or life-threatening condition, we will tell you who is paying us and we will also tell you how to stop these communications if you prefer not to receive them. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization, and we will disclose whether we receive any payments for any marketing activity you authorize.

8. **Required by Law** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
9. **Public Health** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
10. **Health Oversight Activities** We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
11. **Judicial and Administrative Proceedings** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court of administrative order.
12. **Law Enforcement** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
13. **Coroners** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
14. **Organ or Tissue Donation** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
15. **Public Safety** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. **Specialized Government Functions** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their custody.
17. **Worker's Compensation** We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will respond to request from your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.
18. **Breach Notification** In the case of a breach of unsecured protected health information, we will notify you as required by law.
19. **Research** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
20. **Business Associates** We sometimes contract with third party business associates for services such as secure record disposal or legal counsel. We may discuss your health information with our business

associates so they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information as mandated by law.

21. **Psychotherapy Notes** We must obtain an individual's authorization to use or disclose psychotherapy notes.
22. **Genetic Information** We are prohibited by the Genetic Information Non-Discrimination Act (GINA) from using or disclosing genetic information for underwriting purposes.

B. When SBMG May NOT Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. **Right to Request Privacy Protections** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. **Right to Request Confidential Communications** You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. **Right to Amend or Supplement** You have right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about SBMG's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
5. **Right to an Accounting of Disclosures** You have a right to receive an accounting of disclosures of your health information made by SBMG. However SBMG does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 16 (specialized government functions) or Section A of this Notice of Privacy Practices. You must submit your request in writing and state a time period no longer than six years, and may not include dates prior to April 14, 2003. The first request within a 12 month period is free of charge. Each additional list within a 12 month period carries a fee of \$15.00 each. SBMG has 60 days to respond to your request. One 30 day extension is allowed, and you will be informed in writing of the delay.
6. **Right to a Paper Copy of This Notice of Privacy Practices** You may ask us to give you a copy of this notice at any time.
7. **Right to be Notified of a Breach** You have the right to be notified, as required by law, in the event that we discover a breach of your protected health information.
8. **Right to Restrict Release of Information for Certain Services** Where not prohibited by law, you have the right to restrict the disclosure to your health plan of information regarding services for which you have paid in full/out of pocket at the time of service. You must inform us at the time of receiving each specific item or service for which you wish to exercise this option; otherwise the information will be disclosed for purposes of payment or health care operations as is our usual routine.
9. **Right to Receive Your Medical Records in an Electronic Format** You have the right to obtain a copy of your medical records in a CD format or paper format.

If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice or Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our main hallway and a copy will be available at each appointment.

E. Complaints

Complaints about this Notice of Privacy Practices or how SBMG handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. In addition, you may contact your health plan or the California Department of Managed Care with your concerns.

You also have the right to submit a formal complaint to:

**Region IX
Office for Civil Rights
U.S. Department of Health & Human
Resources
90 7th Street, Suite 4-100
San Francisco CA 94103
415-437-8310; 415-437-8311 (TDD)
415-437-8329 FAX
OCRMail@hhs.gov**

The effective date of this notice is September 3, 2013