



Notice of Privacy Practices

Our Pledge Regarding Medical Information:

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information. This notice will remain in effect until it is replaced or amended by changes in law.

Use and Disclosure of Your Medical Information

We gather personal health information in several ways. This information comes from you, from other healthcare providers, and from third party payers. This section describes different ways that we use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us. We may use and disclose your medical information in the following ways:

- For treatment
- For payment
- For healthcare operations
- When required by law

This office will not use your health information for marketing communications without your written authorization. However, this office may send birthday cards, newsletters and appointment reminders, by telephone calls or mail.

Patient Rights

1. Upon written request, you have the right to access, review or receive copies of your health care records. There is a copy fee of \$15 and with 10 working days to process it.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your protected health information.
4. You have the right to request that we amend your protected health information; the request must be in writing.
5. You have the right to receive all notices in writing.

If you have questions, complaints or want more information, please contact our office.

Telephone: 415-823-1796 Address: 350 Sansome St. Ste. 730, San Francisco CA 94104

Send written complaints to the U.S. Department of Health and Human Services.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have read, reviewed, understand and agree to the statement of the Privacy Practices for healthcare services in this office.

This practice has attempted to provide each patient with a statement of Privacy Practices.

Patient Signature

Date