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**NOTICE OF PRIVACY PRACTICES
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

Use and disclosure of your health information in certain special circumstances: This medical practice collects medical and related identifiable patient information and stores it in a chart, in administrative or billing files and on a computer. This information is considered “protected health information” under the HIPAA Privacy Rule. The law permits us to use or disclose health information for the following purposes without the patient’s written authorization.

- 1. Treatment.** We use medical information to provide medical care. We disclose medical information to our employees and others who are involved in providing the care our patients need.
- 2. Payment.** We use and disclose PHI to obtain payment for the services we provide.
- 3. Health Care Operations.** We may use and disclose PHI to operate this medical practice. Or, we may use and disclose this information to get health plans to authorize service 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. Although federal law does not protect health information which is disclosed to someone other than healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re disclosing it except as specifically required or permitted by law.
- 4. Appointment reminders.** We may use and disclose medical information to contact and remind our patients about appointments.
- 5. Required by law.** As required by law, we will use and disclose our patients’ 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 requirements set forth below concerning those activities.
- 6. Public health.** We may, and are sometimes required by law, to disclose our patient’s health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- 7. Law enforcement.** We may, and are sometimes required by law, to disclose our patients’ health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material

Your rights regarding your health information: Our patients have the right to request restrictions on certain uses and disclosures of their health information, by a written request specifying what information they want to limit and what limitations on our use or disclosure of that information they wish to have imposed. If you tell us not to disclose information to you 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.

- 1. Communications.** You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
- 2.** You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- 3.** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient’s medical records and billing records, but not including psychotherapy notes. You must submit your request in writing our Practice Privacy officer at our office.
- 4.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, yours request must be made in writing and submitted to our Practice Privacy officer at our office.
- 5. Right to copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.
- 6. Right to file a complaint,** if you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice submit in writing to our office. You will not be penalized for filing a complaint.
- 7. Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

ACKNOWLEDGEMENT OF RECEIPT OF THE PRIVACY PRACTICE:

By signing this form, I acknowledge the receipt of Dr. Nitta’s “Notice of Privacy Practices ”which contains description of the uses and disclosures of protect health information that may be made by said doctor, and of my rights. I have read and understand my rights under the Notice. I also understand the Notice is subject to change.

Signature

Date

Print name