

*Pulmonary and Sleep  
Associates of Marin*



100 Rowland Way, Suite 300  
Novato, CA 94945

Phone: 415-878-0225  
Fax: 415-878-0215  
[MarinPulmonarySleep.com](http://MarinPulmonarySleep.com)

**Notice of Privacy Practices  
Effective Date: January 1, 2019**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

***Why are we giving you this Notice?*** We are required by law to maintain the privacy of your health information. We are required to inform you of our legal duties and privacy practices where your protected health information is concerned.

This notice contains a summary of our health information privacy practices and of your rights relating to your health information.

We are required to follow the terms of this Notice of Privacy Practices as it is currently in effect. We have the right to change the terms of this notice, and to make the new notice effective for all health information we maintain. If we change the notice we will post an updated copy of it in our facilities and on our web site, and make it available at our service delivery sites.

***How do we use and disclose your health information?*** We maintain health-related records about you, including medical records and billing and payment information. We use this information and disclose it to others for the following purposes:

***Treatment.*** We use your health information to provide health care to you and to coordinate your health care with other providers, and we disclose it to other health care providers to enable them to provide health care services to you. For example, if you are transferred to another facility, we will send all or a part of your health record to the facility for use in providing health care services to you.

***Payment.*** We use and disclose your health information to obtain payment for health care services we provide to you, including determining your eligibility for benefits. For example, we may send a claim to your insurer that contains information about the services we provided to you, or we may send a bill to a family member who is responsible for paying for your care.

***Health care operations.*** We use and disclose your health information as necessary to enable us to operate our health care facility. For example, we use our patients' claims information for our internal financial accounting activities, and we review health records to ensure service quality.

*Contractors.* We also disclose health information to our contractors and agents who assist us in these functions, but we obtain a confidentiality agreement from them before we make such disclosures for payment or operational purposes.

*Contacting you.* We may contact you to provide appointment reminders or information about treatment options available to you. We may also contact you about other health-related services we provide that may interest you.

*Others involved in your care.* Unless you object, we may disclose medical information to a friend or family member who is involved in your care, to the extent we judge necessary for their participation.

*Other Disclosures.* We may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Here are the general kinds of disclosures we may be required or allowed to make without your authorization:

- Disclosures that are required by state or federal law
- Disclosures to public health authorities or to other persons in connection with public health activities
- Disclosures to government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence
- Disclosures to agencies responsible for overseeing the health care system, for audits, inspections or investigations
- Disclosures for judicial and administrative proceedings, such as lawsuits
- Disclosures to law enforcement agencies
- Disclosures to coroners and medical examiners
- Disclosures to organ procurement agencies, if you are an organ donor or a possible donor
- Disclosures to researchers conducting research under the auspices of an Institutional Review Board or privacy board, or reviews preparatory to research
- Disclosures to avert a serious threat to health or safety
- If you are a member of the armed forces or a veteran, disclosures to your military command authority or to the veterans' administration to assist in determining your eligibility for veterans' benefit
- Disclosures to assist authorized federal officials in national security activities, or for the provision of protective services to officials
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, disclosures to the institution or official
- Disclosures to other agencies administering government health benefit programs, as authorized or required by law
- Disclosures to comply with workers' compensation laws.

*Limitations.* In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described above. In particular, there are special restrictions on disclosure of the following kinds of health information:

- Information obtained the course of providing services under state-funded mental health care programs
- Information obtained the course of providing services under state-funded services to the developmentally disabled
- Information obtained the course of providing services under state and federally-funded drug and alcohol abuse treatment and referral programs
- Information relating to HIV testing
- Psychotherapy notes

We comply with these restrictions in our use of your health information.

### **Our Responsibilities**

*Privacy and Security.* We are required by law to maintain the privacy and security of your protected health information.

*Breach Notification.* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

*Compliance with this Notice.* We must follow the duties and privacy practices described in this notice and give you a copy of it.

*Authorization.* Except as described above, we will not permit other uses and disclosures of your health information without your written authorization, which you may revoke at any time in the manner described in our authorization form.

### **Your Choices**

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

Unless you give us permission, we never share your information for marketing purposes or sell your information.

### **Your Rights**

*What rights do you have as a patient?* You have the following rights as a patient:

- You have the right to ask us to restrict uses and disclosures of your health information. However, we are not required to agree to any restrictions requested by our patients.
- You have the right to receive confidential communications from us, for example by asking us to contact you at a particular telephone number, post office box or other address.
- You have the right to inspect and copy health records that we maintain about you. These include our medical records and billing records concerning you. Under certain circumstances, we may deny your request. If your request is denied, we will tell you the reason in writing. You have the right to appeal the denial.
- If you believe the information in our records is wrong, you have the right to request us to amend the records, or to place a statement in the records. We may deny your request to amend the records if we believe they are correct, but you may still place a statement in them.
- You have the right to receive an accounting of certain non-routine disclosures that we have made of your health information, up to six years prior from the date of your request (but not earlier than April 14, 2003).
- You have the right to request a paper copy of this notice from us at any time.

The foregoing is a general statement of your rights. They are subject to all limitations permitted or required by law.

***How do you exercise these rights?*** You can exercise your rights by sending a written request to:

Darya Soto, M.D.  
100 Rowland Way, Suite 300  
Novato, CA 94945

***How do you file a complaint if your privacy rights are violated?*** You have the right to file a complaint with our office if you believe your privacy rights have been violated. You must provide us with specific, written information to support your complaint. You may also file a complaint with the Office for Civil Rights of the U.S. Secretary of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

***How do you contact us?*** You can contact us by calling 415-878-0225.

**ACKNOWLEDGEMENT:**

I acknowledge receipt of the Notice of Privacy Practices

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are signing as a representative of the patient, please provide your name and your relationship to the patient:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

For office use only:

If the patient's signature was not obtained, explain the efforts made to obtain the acknowledgment and the reason why the acknowledgment was not obtained.

- No attempt was made to obtain an acknowledgement, because it was an emergency treatment situation.
- I handed the notice and acknowledgement to the patient and asked the patient to sign the acknowledgement, but the patient declined to do so.
- Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date