

COVINA VALLEY UROLOGIC MEDICAL GROUP, INC.
ADULT AND PEDIATRIC UROLOGY

Effective Date: April 14, 2003

NOTICE OF PRIVACY PRACTICES

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

If you have any questions or complaints about this notice, please contact:

Jae W. Chung, 421 East Merced Ave, West Covina, CA 91790, 626-918-1881

This notice describes our office practices and that of office personnel.

We are required by law to make sure that medical information that identifies you is kept private (with certain exceptions); give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU FOR TREATMENT (i.e., to coordinate the different things you need, such as prescriptions, lab work and x-rays), PAYMENT (i.e., we may need to give your health plan information about services you received at the office so your health plan will pay us or reimburse you for the services.), and HEALTHCARE OPERATIONS (i.e., we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.).

We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care at the office; to recommend possible treatment options or alternatives that may be of interest to you; to tell you about our health-related services or products; to individuals involved in your care or payment; for your care when required to do so by federal, state, or local law; to prevent serious threat to your health and safety or the health and safety of another person; to organizations that handle organ procurement, transplantation, or donation; as required by military command authorities, if you are a member of the armed forces; for workers' compensation or similar programs; for public health activities such as, to prevent or control disease, to report births and deaths, report the abuse or neglect of children, elders and dependent adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; we will only make this disclosure if you agree or when required or authorized by law; for Health Oversight Activities; for Lawsuits and Disputes; to Coroners, Medical Examiners and Funeral Directors.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

Right to Inspect and Copy: To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Covina Valley Urologic Medical Group, Inc. We will use the format you request unless we cannot practically do so. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, and/or staff time. Currently, this fee is \$25.00.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office. To request an amendment, your request must be made in writing and submitted to Covina Valley Urologic Medical Group, Inc. In addition, you must provide a reason that supports your request.

Right to an Accounting of Disclosures. To request this an accounting of disclosures, you must submit your request in writing to Covina Valley Urologic Medical Group, Inc. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. For example, you could ask that we not use or disclose information about a surgery you had. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Covina Valley Urologic Medical Group, Inc. In your request, you must tell us (1) what information you want

to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of this Notice. You may ask us to give you a copy of this notice at any time.

We reserve the right to change this notice. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date.

OTHER USES OF MEDICAL INFORMATION. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Covina Valley Urologic Medical Group, Inc. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by: *contacting our office at 626-918-1881 OR 909 599-7525*

If you have any questions about our *Notice of Privacy Practices*, please contact: Jae W. Chung, Practice Administrator

I acknowledge receipt of the *Notice of Privacy Practices* of Covina Valley Urologic Medical Group, Inc.

Signature: _____
(patient/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date: _____