

# NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Contra Costa Cardiology Medical Group  
2485 High School Avenue Ste. 100  
Concord, CA 94520

I understand that, under the Health Insurance Portability and Accountability act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in my treatment either directly or indirectly
- Obtain payment from my insurance company or other agency responsible for the payment of my medical care.
- Conduct normal health-care operations such as quality improvement and physician certification.
- Notify me of upcoming appointments and leave return medical messages on my answering machine.

I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain the current copy of the notice of privacy practices

I understand that I may request in writing that you restrict, how my private information is used or disclosed to carry out treatment, payment or health-care operations. I understand you are not required to agree to my requested restrictions but if you do then you are required to abide by such restrictions.

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

Relation to Patient (self) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Others to whom the practice may release information \_\_\_\_\_  
Name Relation

If you need additional contacts please list on back of sheet

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## OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date	Initials	Reason

## Notice of Privacy Practices

### Contra Costa Cardiology Medical Group

**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.**

#### Uses and Disclosures

*Treatment.* Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

*Payment.* Your health information may be used to seek payment from your health insurance plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

*Health Care Operations.* Your health information may be used as necessary to support the day-to-day activities and management of Contra Costa Cardiology Medical Group. For example, information on the services you received may be used to support our internal business operations and activities to evaluate and improve the quality of care we provide.

*Law Enforcement.* Your health information may be disclosed to law enforcement agencies as required by law, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

*Public Health Reporting.* Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## Additional Uses of Information

*Appointment reminders.* Your health information will be used by our staff to send or call you and remind you of appointments. This may result in others in your household realizing that you have an appointment with our practice.

*Information about treatments.* Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

*Returning telephone calls.* Often we must wait until the end of day to return calls to you. We may leave information on your answering machine about your treatment. Others in your household may hear this information.

## Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information

The right to receive confidential communications concerning your medical condition and treatment

The right to inspect and copy your protected health information

The right to amend or submit corrections to your protected health information

The right to receive an accounting of how and to whom your protected health information has been disclosed

The right to receive a printed copy of this notice

## Contra Costa Cardiology Medical Group Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

## Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Lead Receptionist or Privacy Officer.

## Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer  
Contra Costa Cardiology Medical Group  
2485 High School Avenue Suite 100  
Concord, CA 94520

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

## Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer  
Contra Costa Cardiology Medical Group  
2485 High School Avenue Suite 100  
Concord, CA 94520

## Effective Date

This Notice is effective on or after April 14, 2003.