

NOTICE OF PRIVACY PRACTICES

**Docere Center for Natural Health
13323 W. Washington Blvd., Suite 202
Los Angeles, CA 90066
310-658-0885**

*Effective Date of this Notice: **June 1, 2012***

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 concerning this notice, please call our office at **310-658-0885**, email us at drforghani@docerehealth.com, or write to us at the above-listed address.

We at Docere Center for Natural Health understand that your medical information is personal and sensitive. Moreover, we respect the privacy and confidentiality of your protected health information. "Protected Health Information" is information created about you that can be used to identify you and is contained in the medical and billing records maintained by our office. It includes demographic information and information that relates to your past, present or future physical or mental health and related health care services.

This *Notice of Privacy Practices* describes the ways in which we may collect, store, use and disclose your protected health information at our office. Federal and State law requires us to maintain the privacy of your health information, which we have either created in our practice or received from another healthcare professional. We are also required to provide you with this Notice about our privacy practices, our legal duties, and your rights in respect to your protected health information. We must abide by the terms of this Notice, as currently in effect. However, we reserve the right to amend, change, or eliminate provisions at any time in the future and to enact new provisions regarding the protected health information we maintain, regardless of when it was created or received. If we make a significant change in our privacy practices, upon request, we will make the new Notice with the new effective date available to you. You may obtain a copy of the current Notice at any time by: contacting our office by mail, email, or phone; visiting our office and picking up a copy; or, accessing our website at www.docerhealth.com.

In the process of using or disclosing your protected health information for an authorized use, we may make incidental disclosures. We will take reasonable steps to limit incidental disclosures.

A. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO PROVIDE YOU WITH TREATMENT, TO OBTAIN PAYMENT FOR SERVICES RENDERED TO YOU, AND FOR HEALTH CARE OPERATIONS.

1. For Treatment:

We may use and disclose your protected health information to assist your other health care providers in your diagnosis and treatment. For example, we may disclose information about your health condition to your referring physician or to a laboratory that requires it to perform testing.

2. For Payment:

We may use and disclose your protected health information to bill and receive payment for the treatment and services we provide. For example, we may submit requests for payment to your health insurance provider. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given and we will provide information to them about you and the care given.

3. For Health Care Operations:

We may use and disclose your protected health information, as necessary, in order to support various business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may call you by name in the waiting room when we are ready to see you. We may also use or disclose your protected health information, as necessary, to remind of your appointment on your voicemail or by mail or email.

We will share your protected health information with third party "business associates" which perform various activities on your behalf of you the patient and Docere Center for Natural Health (e.g., billing, collections, records management, etc.). Whenever an arrangement between our office and business associate involves the use or disclosure of your protected health information, we will have a written agreement that contains terms to protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives and health-related benefits and services that may be of interest to you. We may also use or disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. We may use limited health information such as your name, address and phone number and the dates you have received treatment or services, to contact you for fundraising purposes. If you do not wish to be contacted this way or do not want to receive these materials, please notify us by calling or writing to our office at the address or phone number listed on the first page of this Notice.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION IN LIMITED SITUATIONS.

The following are situations in which we may use or disclose your protected health information, but you will be given the opportunity to object to the use or disclosure of all or part of your protected health information. If you are not present or able to object, then we may, using professional judgment, determine whether the disclosure is in your best interest.

1. Individuals Involved in Your Care or Payment for Your Care:

Unless you object, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your medical/health care or in payment for such care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, or location.

2. Emergencies:

We may use or disclose protected health information as necessary in emergency treatment situations. In this case, your physician shall try to provide you a Notice of Privacy Practices as soon as a reasonably practicable after the delivery of treatment.

3. Communication Barriers:

We may use and disclose your protected health information if your physician attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

The following are situations in which we may use or disclose your protected health information without your written authorization or opportunity to object:

1. As Required by Law:

We may disclose your protected health information when required to do so by law.

2. Public Health Risk:

As authorized by law, we may disclose your protected health information for public health activities. This generally includes preventing or controlling disease, injury or disability.

3. Reporting Victims of Abuse or Neglect:

We may disclose your protected health information to the appropriate authorities as allowed by law to report abuse, neglect, or domestic violence.

4. Health Oversight Activities:

Federal law allows us to release your protected health information to a health oversight agency for activities, such as audits, investigations, inspections, licensure actions or other legal proceedings. These activities are necessary for a state or federal agency to monitor the health care system.

5. Judicial and Administrative Proceedings:

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order. In certain cases, we may disclose protected health information in response to a subpoena, a discovery request, or any other lawful process initiated by someone else involved in the dispute.

6. Law Enforcement:

As authorized by law, we may disclose your protected health information for law enforcement purposes, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement. Therefore, we may disclose protected health information under limited circumstances to a law enforcement official in order to: identify or locate a suspect; provide information about the victim of a crime; report about a death we believe may be the result of a criminal conduct; report a criminal conduct that occurred on the premises of the practice; and report medical emergencies where it is likely that a crime has occurred.

7. Coroners, Medical Examiners, Funeral Directors:

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death of a person. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

8. Organ/Tissue Donation Organizations:

If you are an organ donor, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

9. Research:

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure that your protected health information remains confidential.

10. To Avert a Serious Threat to Health or Safety:

We may use and disclose your protected health information when necessary to prevent or lessen a serious, imminent threat to your health or safety or the health and safety of another person or the public.

11. For Specialized Government Functions:

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel. We may also release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities, so they may provide protection to the President, other authorized persons, foreign heads of states or to conduct special investigations.

12. Inmates/Law Enforcement Custody:

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary to provide you with the necessary health care and to protect your health and the health and safety of other individuals.

13. Food and Drug Administration (FDA):

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, product defects, or post-marketing surveillance information to enable product recalls and to make repairs or replacements.

14. Workers' Compensation:

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary in order to comply with laws and regulations relating to Workers Compensation or similar programs.

C. YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this Notice will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as provided in this Notice under "Your Health Information Rights." If you revoke an authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except where we have already relied on the authorization.

D. SPECIAL RULES REGARDING THE DISCLOSURE OF MENTAL HEALTH CONDITIONS, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION.

Special restrictions may apply for uses and disclosures of your protected health information related to care for mental health conditions, substance abuse, sexually transmitted diseases and or HIV/AIDS. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or if a court orders the disclosure.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your protected health information that we maintain:

1. The Right to Access Your Protected Health Information:

Except under limited circumstances, you have the right to inspect and obtain a copy of your protected health information that is contained in our medical and billing records or any other record used by us to make decisions about your care. A written request should be submitted in order to inspect and request a copy of your protected health information. We may charge you a fee for copying and mailing your requested information. As state and federal laws permit, we may deny you access to your protected health information. However, in some cases you will have the right to request a review of this denial to be performed by another licensed health care provider designated by us, who did not participate in the original decision to deny access.

2. The Right to Request Restrictions:

You have the right to request a restriction on certain uses and disclosures of your protected health information for treatment, payment or health care operations. You also have the right to request restrictions on the protected health information that we disclose about you to a family member, friend or other person involved in your care or the payment of your care. We are not required by law to grant the request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must provide us with what information you want restricted, to whom you want the information restricted, and whether you want to limit how we use or disclose your information, or both.

3. The Right to Request Confidential Communications:

You have the right to request that confidential communication of your health information be made by alternative means or at an alternative location by delivering a signed written request to our office. For example, you can request that we contact you only at a certain phone number or a specific address. Your request must specify how and where you want to be contacted. We will accommodate your requests, but may deny the request if we deem it to be unreasonable or if you are unable to provide us with appropriate methods of contacting you.

4. The Right to Request an Amendment:

You have the right to request that your health care record be amended if you feel your protected health information is incomplete or incorrect. Your request should be submitted to us in writing and include a reason to support the request. We may deny your request if it is not in writing, if the information was not created by Docere Center for Natural Health, if it is not part of the health information kept or created by our office, if it is not part of the information that you would be permitted to inspect and copy, or if we believe the information is accurate and complete. If your request is denied, you will be informed of the reason for the denial in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

5. The Right to an Accounting of Disclosures:

You have the right to obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations as mentioned in this *Notice of Practices*; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death. Your request for an accounting of disclosures must be made in writing and must state the time period for which you would like the accounting. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. If you request additional listing of disclosures within a 12-month period, we will charge you a reasonable fee for the accounting.

6. The Right to a Paper Copy of This Notice:

You have the right to obtain a paper copy of the current *Notice of Privacy Practices*, even if you have previously agreed to receive it electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone. You may also obtain a copy of this Notice on our website, www.docerehealth.com.

F. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint in writing or by contacting Dr. Sanaz Forghani, NMD at **310-658-0885**. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services (HHS). We will not retaliate against you or penalize you for filing a complaint.