

# Nihon Bay Clinic

## Privacy Policy

This notice describes how medical information about you may be used and disclose and how your can get access to this information. Please review it carefully.

### Effective January 12, 2004

This privacy of your medical information is important to us. You may be aware that U.S. government regulators established a privacy rule—Health Insurance Portability and Accountability Act of 1996 (HIPAA,) governing protected health information. This notice tells you about how it may be used, and about certain rights that you have. Masayasu Kihira M.D., the medical privacy manager is in charge of privacy matters at our office. You can contact the medical privacy manager at (650) 558-0337 if you desire further information, or have any questions or concerns.

### Use and disclosure of protected information

- Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by you. For example, we are required to provide your insurance companies with a diagnosis code for your visit and a description of the services rendered so that they can decide the payment.
- Federal law provides that we may use your medical information (protected health information) for health care operations without specific notice to you, or written authorization by you. For example, our accountants may see your name, dates of treatment and procedure codes during audits of our book.
- We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:
  1. required by law
  2. required for public health purposes
  3. required by law to report child abuse
  4. where required by a health oversight agency for oversight activities authorized by law such as Department of Health, Office of Professional Discipline of Office of Professional Medical conduct
  5. required by law in judicial or administrative proceedings
  6. required for enforcement purposes by law enforcement official
  7. required by a coroner or medical examiner
  8. permitted by law to a funeral director
  9. permitted by law for organ donation purposes
  10. permitted by law to avert a serious threat to health or safety
  11. permitted by law and required by military authorities if you are a member of the armed forces of the United States

- We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives, or ask payment questions. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

**Rights that you have**

- You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.
- You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged.)
- You have the right to request an "accounting of disclosures" made by this practice after January 12, 2004. This is a list of the disclosures we made of medical information about you to others that are not involved with your treatment, payments of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices.
- To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before January 12<sup>th</sup>, 2004. Your request should indicate in what form you want the list (for example, on paper, electronically.) We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

**Obligation that we have**

- We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.
  - We are required to abide by the terms of this notice as long as it is currently in effect.
  - We reserve the right to revise this notice and to make a new notice effective for all protected information we maintain. Any revised notice will be posted in our office, and copies will be available there.
- If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaint should be directed to:

Nihon Bay Clinic  
40 North San Mateo,  
San Mateo, California 94401

No retaliatory action will be taken against you for any complaint you may take.

Received this notice by the date of: \_\_\_\_\_

Printed Name : \_\_\_\_\_

Signature : \_\_\_\_\_ 