

Notice of Privacy Practices

Drs. Sheldon Zitman, Sofia Jalilie, Aradhana Kar

20555 Prospect Rd. Cupertino, CA. 95014

Phone (408) 996-9339 Fax (408) 996-3550

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review carefully.

General Rule: *We respect the importance of keeping your health information private. It is our legal obligation to give you notices of our privacy practice. We can use your health information in or outside our office without your written permission for purposes of treatment, payment of healthcare operations only. In most cases we will not use or disclose your health information unless you sign a written authorization form. In some cases, the law allows or requires us to disclose your health information without your written authorization.*

Purposes for Disclosure of Health Information:

In/Out of Office use of Health Information for treatment purposes when:

We set up an appointment or call to confirm an appointment for you.

We use patient sign in sheet: we may call out your name when MA is ready for you.

The doctor prescribes medication directly to you or calls your pharmacy.

You are referred to another doctor or medical service facility.

Members of your family may need to assist in your healthcare.

We contact you about a product or service that may relate to your treatment.

In/Out of Office use of Health Information for payment purposes when:

Our office staff asks you about your insurance information or other sources of payment.

We prepare bills to send to you or to your insurance.

We process payments and when we attempt to collect unpaid amounts past due.

Bills or claims for payment are mailed, faxed or sent by computer to you or your insurance.

There are cases where we have to ask a collection agency or attorney to collect unpaid balances.

In/Out of Office use of Health Information for healthcare operations when:

Our office staff calls to remind you of an appointment or to offer services that you may be in need of.

Our doctors are enrolling to participate in managed care plans.

There is an issue of defense of legal matters or to develop business plans or outside storage of records.

Disclosing Health Information Without an Authorization:

In some limited situations, the law also allows or requires us to use or disclose your health information without your permission.

To governmental authorities about victims of suspected abuse, neglect or spousal abuse.

When state or federal law mandates certain health information be reported for a specific purpose.

For health oversight activities, such as licensing of doctors, audits by medicare or investigations of possible healthcare law violations.

For judicial/administrative proceedings such as subpoenas or orders of courts or admin. agencies.

For law enforcement purposes, i.e. to provide information about someone who is or is suspected to be a victim of a crime elsewhere.

To medical examiner identify a deceased person or to determine cause of death; to funeral directors to aid in a burial; to organizations that handle organ or tissue donations.

For uses for health related research.

For uses to prevent a serious threat to health or safety.

To business associate who perform healthcare jobs and agree to keep your health information private.

Other Disclosures of Health Information:

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at anytime, unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information:

The law gives you many rights regarding your health information.

You may ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) payment or healthcare operations. We do not have to agree, but if we do, we must honor the restrictions you specify. To ask for a restriction, send a written request to our office.

You may ask us to communicate with you in a confidential manner; i.e. calling you at work instead of at home, mailing health information to somewhere other than your residence. We will accommodate reasonable requests, but you will be expected to bear any additional fees incurred. Again, a written request is required.

You may ask to see or get photocopies of your health information. This request will normally be honored within 30 days of your written request. In some instances, we may lawfully refuse to permit access to or copying your records. We may charge a reasonable up front fee. If we deny you access, we will send you a written explanation and instructions about how to get an impartial review of our denial. By law, we are able to have one 30-day extension of the time to consider your request for access if we send you a written notice of the extension.

You may ask to amend your health information if you feel it is inaccurate or incomplete. If we agree, we will amend the information within 60 days of your written request. The corrected records will be forwarded to anyone who we know received the wrong information and others that you specify. If we do not agree, you may write a statement of your position and it will be included with your health information, along with a written rebuttal we may include. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law we may have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, address your request to our office.

You may get a list of the disclosures that we have made of your health information within the past six years, including disclosures for purposes of treatment, payment or health care operations; disclosures made in accordance with an authorization signed by you; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, payment in advance is needed. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request in writing to our office at the address or fax number at the top of this notice.

By law we must abide by the terms of this Notice of Privacy Practices till we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will have copies available and post them in our office.

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Offices for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us send a written complaint to our office by mail or by fax.