

## Notice of Privacy Practices

### **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

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

### **Purpose of this Notice**

In the course of doing business, Dr. Michael J. Reid, gathers and retains information about our patients. Dr. Michael J. Reid respects the privacy of your personal information and understands the importance of keeping this information confidential and secure. This Notice describes how Dr. Michael J. Reid protects the confidentiality of your personal information that we receive. Dr. Michael J. Reid has implemented policies and procedures in accordance with Federal and State confidentiality and privacy laws to protect your privacy. Dr. Michael J. Reid is obligated to maintain the privacy and confidentiality of your personal information. Dr. Michael J. Reid is also obligated to provide you with notice of its legal obligations to maintain the privacy and confidentiality. These policies and procedures apply to past, present and future Dr. Michael J. Reid patients and past, present and future personal information.

### **Types of Uses and Disclosures of Personal Information Made by Dr. Michael Reid.**

Federal laws allows Dr. Michael J. Reid to use and disclose your personal information in order to provide health care services to you as well as to bill and collect payments for the health care services provided to you by participating physicians. Federal laws allow Dr. Michael J. Reid to use and disclose your personal information as necessary in connection with the health care operations of Dr. Michael J. Reid. For example, Dr. Michael J. Reid may use your personal information to request referrals to specialists and to review the quality of care provided by your physician.

Dr. Michael J. Reid may disclose your personal information to health plans or other parties to receive payment for the services provided. Dr. Michael J. Reid might also use your personal information in connection with any grievance or appeal that you file if you are unhappy with the care you have received. Dr. Michael J. Reid may use personal information in connection with disease management programs. Dr. Michael J. Reid may disclose your personal information in connection with court orders or subpoenas.

While Federal laws allows Dr. Michael J. Reid to use and disclose your personal information for treatment, payment, and health care operations, the laws requires these providers to obtain written consent to do so. Once the federal rules take effect, Dr. Michael J. Reid will ask

you to sign a consent form allowing the physician to use and disclose your personal information in connection with your treatment, the payment for your treatment, and the physician's health care operations.

Dr. Michael J. Reid is also allowed by law to use and disclose your personal information without your consent or authorization for the following purposes:

1. When required by law;
2. For public health activities, such as reports about communicable diseases or work-related health issues;
3. In reports about child abuse, domestic violence, or neglect;
4. For health oversight activities, such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;
5. In connection with court proceedings or proceedings before administrative agencies;
6. For law enforcement purposes, such as responding to a court order or subpoena;
7. In reports to coroners, medical examiners, or funeral directors;
8. For research, with the approval of certain oversight entities; otherwise, use and disclosure of your personal information requires your authorization;
9. To avert a serious threat to the health or safety of a person or of the public;
10. For national security and intelligence activities.
11. In connection with services provided under workers' compensation laws; and
12. For limited marketing purposes when related to your treatment.

Dr. Michael J. Reid may disclose your personal information to your family members who are involved in your care without either your consent or your authorization. However, you must be provided with an opportunity to object prior to disclosure.

All other uses and disclosures of your personal information will be made by Dr. Michael J. Reid only with your written authorization.

### **How We Protect Personal Information**

Dr. Michael J. Reid restricts access to your personal information to those who need access in order to provide services. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your personal information against unauthorized disclosure.

## **Your Individual Rights**

### **Access to Personal Information**

As a matter of federal and state laws, you have the right to review and copy your personal information received and retained by Dr. Michael J. Reid. If you desire to access your personal information, you must notify Dr. Michael J. Reid in writing. We will respond to your request and provide a time and place, within normal business operating hours, for your inspection of the personal information Dr. Michael J. Reid has in his possession. If you request a copy of the information held by Dr. Michael J. Reid, a copy can be provided. We reserve the right to charge a reasonable administrative fee for copying your personal information, as allowed by applicable law.

### **Right to Amend Personal Information**

State and federal law provided you the right to request an accounting of all disclosures of your personal information made by Dr. Michael J. Reid that are not directly related to your treatment, payment for your treatment, or Dr. Michael J. Reid health care operations as outlined above. You may request an accounting in writing. Dr. Michael J. Reid will provide this accounting to you within a reasonable period of time after your request and in accordance with the policies and procedures established by Dr. Michael J. Reid.

### **Right to Receive this Notice**

You have the right to request and receive a copy of this notice in written or electronic form. You may contact the office of Dr. Michael J. Reid for a copy, and one will be provided to you at no charge.

### **Right to Request Restriction on Disclosure of Personal Information**

State and federal laws permits you to request restrictions on the use and disclosure of your personal information by Dr. Michael J. Reid. Dr. Michael J. Reid reserves the right to accept or reject your request for restriction. All requests must be made in writing. Upon receipt, Dr. Michael J. Reid will review the request and notify you of its decision to either accept or reject the request. Even if Dr. Michael J. Reid agrees to honor your request to restrict Dr. Michael J. Reid uses and disclosure of your personal information, Dr. Michael J. Reid may cease to honor that restriction without your consent. In that event, Dr. Michael J. Reid will continue to honor the request for a restriction in connection with all personal information, which Dr. Michael J. Reid received or created prior to termination of the restriction. However, Dr. Michael J. Reid will not be obligated to honor the restriction after it provides you notice that it will cease to do so. If you agree to terminate, then Dr. Michael J. Reid may use and disclose all of your personal information in its possession in accordance with

applicable law. All requests for restrictions which are agreed to by Dr. Michael J. Reid will be made part of your personal information and be made available for your review upon proper request.

### **Right to Confidential Communications**

You have the right to request that Dr. Michael J. Reid provide your personal information to you in a confidential manner. For example, you may request that Dr. Michael J. Reid send your personal information by alternate means or to an alternate address, such as by telephone to a different telephone number or to an office address rather than your home address. Also, you may, for example, request that your personal information be sent in a sealed envelope rather than on a postcard.

### **Right to Complain**

Dr. Michael J. Reid is obligated to comply with the privacy set forth in this Notice. If you believe that Dr. Michael J. Reid has violated this privacy policy, you have the right to file a complaint with Dr. Michael J. Reid, your health plan, The California Department of Managed Care or the United States Department of Health and Human Services, Office of Civil Rights.

### **Future**

If Dr. Reid sells his practice or merges with another physician, the health record will become property of the new owner, although patients will maintain the right to request copies of their records or transfer copies to another physician.

### **Contacting Dr. Michael J. Reid Regarding Your Rights**

If you should have any questions regarding your rights or wish to make any of the above requests or complaints you should direct you inquiries to:

Michael J. Reid MD

369 Pine St. Suite 422

San Francisco, CA 94104

### **Rights Reserved by Dr. Michael J. Reid**

Dr. Michael J. Reid reserves all the rights expressed above. Dr. Michael J. Reid further reserves the right to amend or change the terms of this Notice at any time and to make the provisions of the new notice effective for all personal information we maintain. You may request updates to this notice by contacting Dr. Michael J. Reid at the address above.

Effective April 14, 2003

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