

David J. Fuerst, MD Inc. Privacy Statement

David J Fuerst, Medical Group, Inc. 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. You have the right to obtain a copy of this Notice upon request.

Patient Health Information Under Federal Law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and health related medical information. Your health information also includes payment, billing and insurance information.

How We Use Your Patient Health Information We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose information without your permission.

Example of Treatment, Payment, and Health Care Options

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of the payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and other like it.

Special Uses: We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you.

Other Uses and Disclosures: We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect or similar injuries and events.

Research: We may use or disclose information approved for medical research.

Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to the public health authorities.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena or court order.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious Threat to Health or Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Workers Compensation: We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness. In any other situations, we will ask for your written authorization to disclose information. You can later revoke that authorization to stop any future uses or disclosures.

Individual Rights You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree we must abide by those restrictions.

Confidential Communication: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using a postcard to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. A fee may apply.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing or add the missing information.

Our Legal Duty We are required by law to protect and maintain privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding health information, and to abide by the terms of this Notice currently in effect.

Changes in Privacy Policies We may change our policies at any time. Before we make significant changes in our policies, we will change our Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person If you have any questions, requests, or complaints, please contact:

David J. Fuerst M.D., Inc. Mary Trapp 1135 S. Sunset Ave Suite 312 West Covina, CA 91790

I, _____ hereby acknowledge receipt of the Notice of the Privacy Practice given to me.