If you have questions, concerns, would like to request additional information, or file a complaint, you may contact our Privacy Officer at any of our locations.

Complaints may be submitted to:

Encinitas Surgical

Associates

Attention: Privacy Officer

303 Santa Fe Drive

Encinitas, CA 92024

In some circumstances, you may have a right to review our denial. If you wish to inspect or copy your medical information, you must submit your request in writing to our organization. Please identify in your request the location or office at which you received services. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. You may mail your request or bring it to our office. We have 30 days to respond to your request for information that we maintain at our practice sites, although we may extent the time an additional 30 days but must inform you of this delay.

Request Amendment: You have the right to request that we amend your medical information. You must make this request in writing to our Privacy Officer. The request must state the reason for the amendment.
We may deny your request if it is not in writing or does not state the reason for the amendment. We may also deny your request if the information was not created by us, unless you provide reasonable information that the person who created it is no longer available to make the amendment; is not part of the record which you are permitted to inspect and copy; the information is not part of our designated record; or is accurate and complete, in our opinion.

Request Restrictions: You may request that we restrict or limit the health information it uses or discloses about you for treatment, payment, or health care operations. Additionally, you have the right to request our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members or friends. We are not required to agree to your request for a restriction, unless you request that we not share your medical information with your health insurer about a service for which you (or someone other than your insurer) has paid us in full and the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law.

Accounting of Disclosures: You have the right to request a list of certain disclosures of your medical information. Your request must be in writing and must state the time frame for the requested information. Your first request for a list of disclosures within a 12month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications: You have the right to request how we communicate with you to preserve your privacy. We may condition the accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. You must submit your request in writing to our Privacy Officer. The request must specify how or where we are to contact you. We will accommodate all reasonable requests

File a Complaint: You have the right to file a complaint if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint. Complaints may be submitted online to Health and Human Services at**: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Notification if Confidentiality is Breached: We are required to notify affected individuals following a breach of unsecured medical information.

Changes to this Notice: This organization reserves the right to change the terms of this notice and to make the new notice provisions effective for all medical information we maintain. You may receive a copy of any revised notice at this facility after it becomes effective.

NOTICE OF PRIVACY PRACTICES

Encinitas Surgical Associates
Matthew Cooper M.D.
General Surgery Laparoscopy

HIPAA Privacy Notice

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

This organization is required by law to maintain the privacy of your protected health information and to provide you with this notice, which explains our legal duties and privacy practices with respect to your protected health information. We must abide by the terms set forth in this notice. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain.

Uses & Disclosures of Your Protected Health Information:

Treatment: We are permitted to use your medical information as necessary to provide you with medical treatment and services. We may disclose information about you to physicians, nurses, technicians, medical students, or other workforce members who are involved in taking care of you at or through us. To assist your care, we may disclose your information to other health-care providers.

Payment: We are permitted to use and disclose your medical information to get paid for the services you received. For example, we may disclose information about your exam or procedure to your insurance company so that your insurance company will pay us. We also may tell your insurance company about treatment you are going to receive in order to obtain approval or to determine whether your insurance will cover treatment. We may disclose your health information to other providers who are involved in your care for their payment purposes. For example, we may release information to emergency responders to allow them to obtain payment or reimbursement for services provided to you.

Health Care Operations: We are permitted to use your medical information for our business operations. Business operations include training of medical personnel, peer review, and quality improvement. We may disclose your Information to another health care provider or health plan if they have a relationship with you and need the information for their own business operations. For example, our quality management department may use your health information to assess the quality of care you received and to ensure that our system continues providing the quality of care you and other patients deserve.

Appointment Reminders and Treatment Alternatives, and Health related Benefits and Services: We may use and disclose your medical information to contact you to remind you that you have an appointment scheduled, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to tell you about a product or service that may be of interest to you

Family Members and Others Involved In Your Care: We may disclose your medical information to your family members or friends who are involved in your care, or to someone who helps pay for your care. We may also disclose your medical information to disaster relief organizations to help location individuals during a disaster, or to notify, or assist in the notification, of a family member, a personal representative, or a person responsible for your care of your location, general condition or death. If you do not want us to disclose your medical information to family members or others in these circumstances, please notify our staff.

Incidental Disclosures: Incidental disclosures of your health information may occur as a by-product of permitted use and disclosures of your health information. These Incidental disclosures are permitted if we have applied reasonable safeguards to protect the confidentiality of your health information.

Inmates: If you are an Inmate of a prison or are under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary to provide you with health care or to protect your health and safety or the health and safety of others, including the correctional institution.

Law Enforcement: We may disclose your health information to law enforcement officials as required by law or as directed by court order, warrant, criminal subpoena, or other lawful process and in other limited circumstances for purposes of identifying or locating suspects, fugitives, material witnesses, missing persons, Of crime victims.

Legal Proceedings: We may disclose health information about you in response to a court or administrative order. We also may disclose medical information about you in response to a civil subpoena, discovery request, or other lawful process by someone involved in legal proceedings. In many cases you will receive advance notice about this disclosure so that you will have a chance to object to sharing your medical information.

Communicable Diseases: If authorized by law, we may disclose your protected health Information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a communicable disease

Legal Proceeding: We may disclose your protected health information in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal; to the extent the disclosure is expressly authorized; or, if certain conditions have been satisfied, in response to a subpoena, discovery request or other lawful process.

Military and Veterans: If you are a member of the armed forces, we may release health Information about you as required by military command authorities. We also may release health information about foreign military personnel to the appropriate foreign military authority.

National Security, Intelligence, Activities, Protection Services for the President, and Others: We may disclose your medical information to authorized federal officials for lawful Intelligence, counterintelligence, or other national security activities authorized by law; for protection of the U.S President, other authorized persons or foreign heads of state; or for special authorized investigations.

Public Health Activities: We may disclose your medical information for public health activities as authorized by law. These activities typically include reports to such agencies as the Department of Health.

Human Services or the Food and Drug Administration: The disclosures are usually made for the purpose of preventing or controlling disease, injury, or disability Examples include reporting of disease, Injury, and vital events such as births and deaths, reporting of child and elder abuse, and reporting of reactions to medications and problems with products

Research: Under certain circumstances, we may use and disclose your medical information for research purposes. All research projects are subject to a special approval process by an Institutional Review Board. This review process governs patient safety and welfare and the privacy of your medical information. Under special circumstances involving research, a Privacy Board has been established to monitor and protect your privacy rights.

Marketing: We may use your medical information to provide you with certain refill reminders, for treatment, case management or care coordination, to direct or recommend alternative treatments, therapies, health care providers, or settings of care, or to describe a health-related product or service provided by this organization. We will obtain your authorization prior to using or disclosing your protected health Information for purposes of marketing and services to you and where we are paid to make the communication.

Sale of PHI: This organization will not sell your health information without your written authorization.

Required by Law: We will disclose health information about you when required to do so by federal, state, or local law

To Avert a Serious Threat to Health or Safety: We may use and disclose your medical information, when necessary, to prevent a serious threat to your health and safety or the health and safety of others

Workers' Compensation: We may release your information about you for workers' compensation or similar programs as authorized by law. These programs provide benefits for work-related injuries or illness.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation if you have previously agreed to organ donation.

Information with Additional Protection:

Certain types of medical information have additional protection under State law. In some circumstances, we will require your consent to disclose information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and mental health treatment.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your authorization, unless the use is by the person who wrote the notes for purposes of treatment, for training of medical or counseling professionals, or for the organization to defend itself in a legal proceeding brought by you. In addition, any disclosure or use must be to the Department of Health and Human Services; required by law; for the health oversight of the practitioner that wrote the notes; to the coroner or medical examiner; or to avert a serious threat to the health or safety of a person or the public.

Other Uses and Disclosures

Uses and disclosures of your information not described in this notice require your written authorization. If you provide us with an authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we cannot take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we provided to you. To revoke your authorization, please write to the Medical Records Department of the appropriate organization location.

Copy of This Notice:

You have the right to receive a paper copy of this notice and any revisions to it upon request You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

Inspect and Copy:

You have the right to Inspect and copy the medical information we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. You may not Inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or medical information that is subject to a law that prohibits access to the medical information.