

DAVID R. BLOCK, MD, INC.

DIPLOMATE OF THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

BY LAW I AM REQUIRED TO INSURE THAT YOUR PHI IS KEPT PRIVATE. THE PHI CONSTITUTES INFORMATION CREATED OR NOTED BY ME THAT CAN BE USED TO IDENTIFY YOU. IT CONTAINS DATA ABOUT YOUR PAST, PRESENT, OR FUTURE HEALTH OR CONDITION, THE PROVISION OF HEALTH CARE SERVICES TO YOU, OR THE PAYMENT FOR SUCH HEALTH CARE. I AM REQUIRED TO PROVIDE YOU WITH THIS NOTICE ABOUT MY PRIVACY PROCEDURES. THIS NOTICE MUST EXPLAIN WHEN, WHY, AND HOW I WOULD USE AND/OR DISCLOSE YOUR PHI. THIS NOTIFICATION TAKES EFFECT **APRIL 14, 2003** AND WILL REMAIN IN EFFECT UNTIL REPLACED.

PHI IS USED WHEN I SHARE, APPLY, UTILIZE, EXAMINE, OR ANALYZE INFORMATION WITHIN MY PRACTICE.

PHI IS DISCLOSED WHEN I RELEASE, TRANSFER, GIVE, OR OTHERWISE REVEAL IT TO A THIRD PARTY OUTSIDE MY PRACTICE.

WITH SOME EXCEPTIONS, I MAY NOT USE OR DISCLOSE MORE OF YOUR PHI THAN IS NECESSARY TO ACCOMPLISH THE PURPOSE FOR WHICH THE USE OR DISCLOSURE IS MADE; HOWEVER, I AM ALWAYS LEGALLY REQUIRED TO FOLLOW THE PRIVACY PRACTICES DESCRIBED IN THIS NOTICE.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I WILL USE AND DISCLOSE YOUR PHI FOR MANY DIFFERENT REASONS. SOME OF THE USES OR DISCLOSURES WILL REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION; OTHERS, HOWEVER, WILL NOT. BELOW YOU WILL FIND THE DIFFERENT CATEGORIES OF MY USES AND DISCLOSURES, WITH SOME EXAMPLES.

A. USES AND DISCLOSURES RELATED TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS THAT DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT. I MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR CONSENT FOR THE FOLLOWING REASONS:

1. FOR TREATMENT. I MAY DISCLOSE YOUR PHI TO PHYSICIANS, PSYCHIATRISTS, PSYCHOLOGISTS, AND OTHER LICENSED HEALTH CARE PROVIDERS WHO PROVIDE YOU WITH HEALTH CARE SERVICES OR ARE OTHERWISE INVOLVED IN YOUR CARE. EXAMPLE: IF YOU ALSO HAVE A PRIMARY CARE PHYSICIAN, I MAY DISCLOSE YOUR PHI TO HER/HIM IN ORDER TO COORDINATE YOUR CARE.

2. FOR HEALTH CARE OPERATIONS. I MAY DISCLOSE YOUR PHI TO FACILITATE THE EFFICIENT AND CORRECT OPERATION OF MY PRACTICE. EXAMPLES: QUALITY CONTROL - I MIGHT USE YOUR PHI IN THE EVALUATION OF THE QUALITY OF HEALTH CARE SERVICES THAT YOU HAVE RECEIVED. I MAY ALSO PROVIDE YOUR PHI TO MY ATTORNEYS, ACCOUNTANTS, CONSULTANTS, AND OTHERS TO MAKE SURE THAT I AM IN COMPLIANCE WITH APPLICABLE LAWS.

3. TO OBTAIN PAYMENT FOR TREATMENT. I MAY USE AND DISCLOSE YOUR PHI TO BILL AND COLLECT PAYMENT FOR THE TREATMENT AND SERVICES I PROVIDED YOU. EXAMPLE: I MIGHT SEND YOUR PHI TO YOUR INSURANCE COMPANY OR HEALTH PLAN IN ORDER TO GET YOUR CLAIM PROCESSED FOR THE HEALTH CARE SERVICES THAT I HAVE PROVIDED TO YOU.

4. OTHER DISCLOSURES. EXAMPLES: YOUR CONSENT ISN'T REQUIRED IF YOU NEED EMERGENCY TREATMENT PROVIDED THAT I ATTEMPT TO GET YOUR CONSENT AFTER TREATMENT IS RENDERED. IN THE EVENT THAT I TRY TO GET YOUR CONSENT BUT YOU ARE UNABLE TO COMMUNICATE WITH ME (FOR EXAMPLE, IF YOU ARE UNCONSCIOUS OR IN SEVERE PAIN) BUT I THINK THAT YOU WOULD CONSENT TO SUCH TREATMENT IF YOU COULD, I MAY DISCLOSE YOUR PHI.

B. CERTAIN OTHER USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT. I MAY USE AND/OR DISCLOSE YOUR PHI WITHOUT YOUR CONSENT OR AUTHORIZATION FOR THE FOLLOWING REASONS:

1. WHEN DISCLOSURE IS REQUIRED BY FEDERAL, STATE, OR LOCAL LAW; JUDICIAL, BOARD, OR ADMINISTRATIVE PROCEEDINGS; OR, LAW ENFORCEMENT. EXAMPLE: I MAY MAKE A DISCLOSURE TO THE APPROPRIATE OFFICIALS WHEN A LAW REQUIRES ME TO REPORT INFORMATION TO GOVERNMENT AGENCIES, LAW ENFORCEMENT PERSONNEL AND/OR IN AN ADMINISTRATIVE PROCEEDING.

2. IF DISCLOSURE IS COMPELLED BY A PARTY TO A PROCEEDING BEFORE A COURT OF AN ADMINISTRATIVE AGENCY PURSUANT TO ITS LAWFUL AUTHORITY.

3. IF DISCLOSURE IS REQUIRED BY A SEARCH WARRANT LAWFULLY ISSUED TO A GOVERNMENTAL LAW ENFORCEMENT AGENCY.

4. IF DISCLOSURE IS COMPELLED BY THE PATIENT OR THE PATIENT'S REPRESENTATIVE PURSUANT TO CALIFORNIA HEALTH AND SAFETY CODES OR TO CORRESPONDING FEDERAL STATUTES OF REGULATIONS, SUCH AS THE PRIVACY RULE THAT REQUIRES THIS NOTICE.

5. TO AVOID HARM. I MAY PROVIDE PHI TO LAW ENFORCEMENT PERSONNEL OR PERSONS ABLE TO PREVENT OR MITIGATE

A SERIOUS THREAT TO THE HEALTH OR SAFETY OF A PERSON OR THE PUBLIC.

6. IF DISCLOSURE IS COMPELLED OR PERMITTED BY THE FACT THAT YOU ARE IN SUCH MENTAL OR EMOTIONAL CONDITION AS TO BE DANGEROUS TO YOURSELF OR THE PERSON OR PROPERTY OF OTHERS, OR YOU ARE UNABLE TO MAINTAIN YOUR BASIC NEEDS DUE TO A MENTAL DEFECT, AND IF I DETERMINE THAT DISCLOSURE IS NECESSARY TO PREVENT THE THREATENED DANGER.

7. IF DISCLOSURE IS MANDATED BY THE CALIFORNIA CHILD ABUSE AND NEGLECT REPORTING LAW. FOR EXAMPLE, IF I HAVE A REASONABLE SUSPICION OF CHILD ABUSE OR NEGLECT.

8. IF DISCLOSURE IS MANDATED BY THE CALIFORNIA ELDER/DEPENDENT ADULT ABUSE REPORTING LAW. FOR EXAMPLE, IF I HAVE A REASONABLE SUSPICION OF ELDER ABUSE OR DEPENDENT ADULT ABUSE.

9. IF DISCLOSURE IS COMPELLED OR PERMITTED BY THE FACT THAT YOU TELL ME OF A SERIOUS/IMMINENT THREAT OF PHYSICAL VIOLENCE BY YOU AGAINST A REASONABLY IDENTIFIABLE VICTIM OR VICTIMS.

10. FOR PUBLIC HEALTH ACTIVITIES. EXAMPLE: IN THE EVENT OF YOUR DEATH, IF A DISCLOSURE IS PERMITTED OR COMPELLED, I MAY NEED TO GIVE THE COUNTY CORONER INFORMATION ABOUT YOU.

11. FOR HEALTH OVERSIGHT ACTIVITIES. EXAMPLE: I MAY BE REQUIRED TO PROVIDE INFORMATION TO ASSIST THE GOVERNMENT IN THE COURSE OF AN INVESTIGATION OR INSPECTION OF A HEALTH CARE ORGANIZATION OR PROVIDER.

12. FOR SPECIFIC GOVERNMENT FUNCTIONS. EXAMPLES: I MAY DISCLOSE PHI OF MILITARY PERSONNEL AND VETERANS UNDER CERTAIN CIRCUMSTANCES. ALSO, I MAY DISCLOSE PHI IN THE INTERESTS OF NATIONAL SECURITY, SUCH AS PROTECTING THE PRESIDENT OF THE UNITED STATES OR ASSISTING WITH INTELLIGENCE OPERATIONS.

13. FOR WORKERS' COMPENSATION PURPOSES. I MAY PROVIDE PHI IN ORDER TO COMPLY WITH WORKERS' COMPENSATION LAWS.

14. IF AN ARBITRATOR OR ARBITRATION PANEL COMPELS DISCLOSURE, WHEN ARBITRATION IS LAWFULLY REQUESTED BY EITHER PARTY, PURSUANT TO SUBPOENA DUCES TECTUM (E.G., A SUBPOENA FOR MENTAL HEALTH RECORDS) OR ANY OTHER PROVISION AUTHORIZING DISCLOSURE IN A PROCEEDING BEFORE AN ARBITRATOR OR ARBITRATION PANEL.

15. FOR OPTIMIZING YOUR TREATMENT, I AM PERMITTED TO CONTACT YOU, WITHOUT YOUR PRIOR AUTHORIZATION, TO PROVIDE APPOINTMENT REMINDERS OR, WHEN CLINICALLY APPROPRIATE, TO CONTACT YOU BY PHONE TO ASSESS YOUR CONDITION AND RESPONSE TO TREATMENT.

16. IF DISCLOSURE IS REQUIRED OR PERMITTED TO A HEALTH OVERSIGHT AGENCY FOR OVERSIGHT ACTIVITIES AUTHORIZED BY LAW. EXAMPLE: WHEN COMPELLED BY THE U.S. SECRETARY OF HEALTH AND HUMAN SERVICES TO INVESTIGATE OR ASSESS MY COMPLIANCE WITH HIPAA REGULATIONS.

17. IF DISCLOSURE IS OTHERWISE SPECIFICALLY REQUIRED BY LAW.

C. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS. I MAY PROVIDE YOUR PHI TO A FAMILY MEMBER, FRIEND, OR OTHER INDIVIDUAL WHO YOU INDICATE IS INVOLVED IN YOUR CARE OR RESPONSIBLE FOR THE PAYMENT FOR YOUR HEALTH CARE, UNLESS YOU OBJECT. RETROACTIVE CONSENT MAY BE OBTAINED IN EMERGENCY SITUATIONS.

2. OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION. IN ANY OTHER SITUATION NOT DESCRIBED IN SECTIONS IIIA, IIIB, AND IIIC ABOVE, I WILL REQUEST YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING ANY OF YOUR PHI. ANY WRITTEN AND SIGNED AUTHORIZATION YOU MAKE TO DISCLOSE YOUR PHI TO A THIRD PARTY MAY BE RESCINDED AT ANY TIME, IN WRITING, BY YOU. ONCE I HAVE RECEIVED YOUR WRITTEN REQUEST, I WILL CEASE TO DISCLOSE YOUR PHI, PURSUANT TO YOUR REQUEST.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

THESE ARE YOUR RIGHTS WITH RESPECT TO YOUR PHI:

A. THE RIGHT TO SEE AND GET COPIES OF YOUR PHI. IN GENERAL, YOU HAVE THE RIGHT TO SEE YOUR PHI THAT IS IN MY POSSESSION, OR TO GET COPIES OF IT; HOWEVER, YOU MUST MAKE YOUR REQUEST IN WRITING. YOU WILL RECEIVE A RESPONSE FROM ME WITHIN 30 DAYS OF MY RECEIVING YOUR WRITTEN REQUEST. I MAY DENY YOUR ACCESS TO PHI UNDER CERTAIN CIRCUMSTANCES, SUCH AS IF I BELIEVE SUCH DISCLOSURE IS REASONABLY LIKELY TO CAUSE SUBSTANTIAL HARM TO YOU OR ANOTHER PERSON. IN SOME CASES OF DENIAL, YOU MAY HAVE THIS DECISION REVIEWED. IF YOU MAKE A VALID REQUEST TO REVIEW A DENIAL, I WILL DISCUSS WITH YOU THE DETAILS OF THE REQUEST AND DENIAL PROCESS.

B. THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI. YOU HAVE THE RIGHT TO ASK THAT I LIMIT HOW I USE AND DISCLOSE YOUR PHI. WHILE I WILL CONSIDER YOUR REQUEST, I AM NOT LEGALLY BOUND TO AGREE. IF I DO AGREE TO YOUR REQUEST, I WILL PUT THOSE LIMITS IN WRITING AND ABIDE BY THEM EXCEPT IN EMERGENCY SITUATIONS. YOU DO NOT HAVE THE RIGHT TO LIMIT THE USES AND DISCLOSURES THAT I AM LEGALLY REQUIRED OR PERMITTED TO MAKE.

C. THE RIGHT TO CHOOSE HOW I SEND YOUR PHI TO YOU. IT IS YOUR RIGHT TO ASK THAT YOUR PHI BE SENT TO YOU AT AN ALTERNATE ADDRESS (FOR EXAMPLE, SENDING INFORMATION TO YOUR WORK ADDRESS RATHER THAN YOUR HOME ADDRESS) OR BY AN ALTERNATE METHOD (FOR EXAMPLE, VIA FAX INSTEAD OF BY REGULAR MAIL). I AM OBLIGED TO AGREE TO YOUR REQUEST PROVIDING THAT I CAN GIVE YOU THE PHI, IN THE FORMAT YOU REQUESTED, WITHOUT UNDUE INCONVENIENCE.

D. RIGHT TO AN ACCOUNTING. YOU GENERALLY HAVE THE RIGHT TO RECEIVE A LIST OF DISCLOSURES OF PHI FOR WHICH YOU HAVE NEITHER GIVEN AUTHORIZATION NOR CONSENT (SEE ABOVE FOR THIS SECTION). IF REQUESTED, THIS ACCOUNTING WILL BEGIN ON 4/15/03 AND DISCLOSURE RECORDS WILL BE HELD FOR SIX YEARS. ON YOUR REQUEST, I

WILL DISCUSS WITH YOU THE DETAILS OF THE ACCOUNTING PROCESS.

E. THE RIGHT TO AMEND YOUR PHI. IF YOU BELIEVE THAT YOUR PHI IS INCORRECT OR INCOMPLETE, YOU MAY ASK ME TO AMEND THE INFORMATION. THIS REQUEST MUST BE MADE IN WRITING, AND IT MUST EXPLAIN WHY THE INFORMATION SHOULD BE AMENDED. YOU HAVE THE RIGHT TO REQUEST AN AMENDMENT OF PHI FOR AS LONG AS THE PHI IS MAINTAINED IN THE RECORD. I MAY DENY YOUR REQUEST. ON YOUR REQUEST, I WILL DISCUSS WITH YOU THE DETAILS OF THE AMENDMENT PROCESS.

F. THE RIGHT TO GET THIS NOTICE BY EMAIL. YOU HAVE THE RIGHT TO GET THIS NOTICE BY EMAIL. YOU HAVE THE RIGHT TO REQUEST A PAPER COPY OF IT, AS WELL.

V. QUESTIONS AND COMPLAINTS

IF, IN YOUR OPINION, I MAY HAVE VIOLATED YOUR PRIVACY RIGHTS, OR IF YOU OBJECT TO A DECISION I MADE ABOUT ACCESS TO YOUR PHI, YOU ARE ENTITLED TO FILE A COMPLAINT WITH ME. YOU MAY ALSO SEND A WRITTEN COMPLAINT TO THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AT 200 INDEPENDENCE AVENUE S.W. WASHINGTON, D.C. 20201. IF YOU FILE A COMPLAINT ABOUT MY PRIVACY PRACTICES, I WILL TAKE NO RETALIATORY ACTION AGAINST YOU.

CONTACT INFORMATION:

DAVID R. BLOCK, M.D.

150 PAULARINO AVENUE

SUITE C-100

COSTA MESA, CA 92626

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I HAVE RECEIVED A COPY OF THE HIPAA NOTICE OF PRIVACY PRACTICES FOR DAVID R. BLOCK, MD, INC.

SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO PATIENT