

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: April 14, 2003

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. HIPAA requires us to maintain the privacy of your protected health information (PHI), to provide you with notice of our legal duties and privacy practices with respect to protected health information and to advise you of your legal rights under HIPAA. We have prepared this Notice of Privacy Practices to provide you with this information.

Permitted Uses and Disclosures. We may use and disclose your protected health information without your consent or authorization for a variety of activities, which are listed below. We have provided some examples of the activities, but not all the activities in every category are listed.

- **For Treatment.** Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another.
- **For Payment.** Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; and (c) medical necessity and appropriateness of care reviews, utilization review activities.
- **For Health Care Operations.** Health care operations include the business aspects of running The Center for Comprehensive Weight Loss, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. Some examples of health care operations include: (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) medical review, legal services, and auditing functions; (e) general administrative activities such as customer service and data analysis; (f) sharing information with office personnel for record keeping on paper and computer; and (g) sharing information about you with other specialists to assure that we are providing you with the very best care.
- **Treatment Alternatives and Health Related Benefits.** We may contact you about treatment alternatives or other health-related benefits and services that we believe may be of interest to you.
- **Appointments and Reminders.** We may mail an appointment reminder to you or leave a message on an answering machine, voice mail or with someone who answers the phone. We may call your name in the waiting room or ask you to put your name on a sign-in sheet.
- **To Family and Close Friends Involved in Your Care.** We may disclose your protected health information to a family member or a close friend involved in your care if that person accompanies you to an appointment or if we determine that it is in your best interest in order for us to provide you with the very best care. If you do not want us to discuss your health care with your family and close friends, please tell us and we will honor your request unless we determine that it is not in your best interests for us to do so.

- **As Required by Law or by a Federal, State or Local Agency.** We will disclose your protected health information when we are required to do so by law or by a federal, state, or local agency. Examples of legally required disclosures of your protected health information are: public health activities, such as preventing or controlling disease; health oversight activities, such as audits and reports for government benefit programs; quality assurance for mammography services; judicial or administrative proceedings, such as in response to a court order or subpoena; law enforcement, such as preventing serious harm or a crime, reporting a death or locating a missing person, to a jail or correctional facility about an inmate; military activities; national security and intelligence; organ donations after death; workers' compensation; and reporting victims of crimes, abuse, neglect and domestic violence. If we are legally required to disclose information about you, we will disclose only the amount necessary for the legal purpose.
- **Research.** We may disclose your information for certain research projects where the research proposal has been approved by an established, authorized review board and the researchers have established procedures to ensure the privacy of your PHI.
- **De-Identified Information.** We may also use and disclose de-identified health information by removing all references to individually identifiable information.

Other Uses and Disclosures. Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights. You have certain rights with respect to your protected health information, which you can exercise by presenting a written request to The Center for Comprehensive Weight Loss Privacy Officer. You have the right to:

- **Request restrictions** on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- **Confidential Communications** of your protected health information from us by an alternative means or at alternative times. For instance you may request that we only contact you at home or by mail. We will accommodate all reasonable requests.
- **Inspect and Copy**, with certain exceptions, your protected health information. We reserve the right to charge a reasonable fee for copies, mailing and supplies. If you are denied access to your PHI, you may request that the denial be reviewed in certain circumstances. Please submit your written request no later than one week before you wish to inspect your records.
- **Amend** your protected health information. If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for The Center for Comprehensive Weight Loss. We may deny your request in certain circumstances.
- **An Accounting.** An "accounting" is a list of certain disclosures we made of your PHI that were not related to treatment, payment, health care operations, or any of the other routine uses or disclosures described in this notice, were not required by law, and for which you did not sign an authorization. We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law.

- **Obtain a Paper Copy of This Notice.** You may ask us to give you a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Revised Notice. The Center for Comprehensive Weight Loss is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and make the new notice provisions effective for all protected health information that we maintain. We will post our current Notice of Privacy Practices and you may request a written copy of a revised Notice of Privacy Practices from this office at any time.

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Complaints. You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Secretary of the U.S. Department of Health & Human Services about violations of the provisions of this notice or the policies and procedures of The Center for Comprehensive Weight Loss. We will not retaliate against you for filing a complaint.

To file a complaint with The Center for Comprehensive Weight Loss or for more information, please contact:	To file a complaint with the U.S. Department of Health & Human Services or for more information about HIPAA , please contact:
<p>Privacy Officer Toll free numbers.</p> <p>Holzer Center for Comprehensive Weight Loss 1-866-821-4541</p> <p>Center for Comprehensive Weight Loss at St. John Oakland 1-866-803-8729</p>	<p>Secretary, U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201-0004 (202) 619-0257 Toll free: 1-877-696-6775</p>