

NOTICE OF PRIVACY PRACTICES
Original Effective April 14, 2003

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

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164, and the Substance Abuse Confidentiality Law, 42 C.F.R. Part 2 (Confidentiality Law).

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It describes how Ken Starr MD Wellness Group may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside the Ken Starr MD Wellness Group system except when the release is required or authorized by law or regulation.

Under HIPAA and the Confidentiality Law, Ken Starr MD Wellness Group may not say to a person outside Ken Starr MD Wellness Group that you attend the recovery programs, nor may Ken Starr MD Wellness Group disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected health information except as permitted by federal law.

Use or Disclosure for Treatment. Ken Starr MD Wellness Group may use your information internally for treatment purposes, in accordance with state and federal law. For example, one staff member may disclose health information to another staff member to coordinate your care. Use and disclosure outside of Ken Starr MD Wellness Group will not be permitted without your written consent, except as described in this Notice or otherwise permitted under all applicable privacy laws.

Use or Disclosure for Payment. Ken Starr MD Wellness Group must obtain your written consent before it can disclose information about you for payment purposes. (A consent under the Confidentiality Law is generally the same as an authorization under HIPAA. For the purposes of this Notice, the term "consent" will be used to describe both.) For example, Ken Starr MD Wellness Group must obtain your written consent before it can disclose information to your health insurer in order to be paid for services rendered. Generally, you must also sign a written consent before Ken Starr MD Wellness Group can share your health care information for treatment purposes or for health care operations.

If you are using your health insurance to pay for services at Ken Starr MD Wellness Group,

"This disclosure should not be documented in the accounting because it is considered to be part of treatment, payment, and healthcare operations."

Use or Disclosure for Health Care Operations. Ken Starr MD Wellness Group may use your information internally for health care operations, in accordance with state and federal law. For example, information about your treatment may be disclosed to a staff member to follow up on a customer service complaint that you file against another staff member. Uses and disclosures for these purposes will be limited to the minimum necessary

to achieve the operational purpose.

Ken Starr MD Wellness Group is required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes. Ken Starr MD Wellness Group must obtain your written consent before disclosing any of your psychotherapy records.

If Ken Starr MD Wellness Group intends to contact its clients for fundraising purposes you will be informed of that intent and of your right to opt out of receiving such communication.

If Ken Starr MD Wellness Group intends to send you communications concerning treatment alternatives or other health-related products or services, or intends to conduct notifications for which the program receives financial remuneration in exchange for making the communication, you will be informed of that intent and of your right to opt out of receiving such communication.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following are examples for which the federal law permits Ken Starr MD Wellness Group to use and disclose your protected health information without your written permission:

Pursuant To an Agreement with a Qualified Service Organization/Business Associate. Ken Starr MD Wellness Group may disclose your protected health information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

For Audits or Evaluations. Ken Starr MD Wellness Group may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

For Research. Ken Starr MD Wellness Group may disclose your protected health information to researchers, when authorized by law, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

To Report Criminal Activity. Ken Starr MD Wellness Group may disclose your protected health information to law enforcement if a crime has been committed on Ken Starr MD Wellness Group premises or against Ken Starr MD Wellness Group personnel.

To Report Suspected Child Abuse or Neglect. Ken Starr MD Wellness Group may disclose your protected health information to an appropriate authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

As Allowed by a Court Order. Ken Starr MD Wellness Group may disclose your protected health information in the course of any judicial or administrative proceeding, in response to a court order issued by a judge in accordance with federal and state laws.

To Medical Personnel in a Medical Emergency. Ken Starr MD Wellness Group will disclose your protected health information to appropriate medical personnel in a medical emergency.

Before Ken Starr MD Wellness Group can use or disclose protected health information about you in a manner that is not described above, it must first obtain your specific written consent allowing us to make the disclosure. Any such written consent may be revoked by you in writing, except for information already disclosed in reliance on the consent and if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. This consent must contain the signature of both the minor and the legal guardian.

YOUR PRIVACY RIGHTS

Under HIPAA you have the right to inspect and copy your own health care information. This means you may inspect and obtain a copy of your protected health information and billing records maintained by Ken Starr MD Wellness Group, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. You must make your request in writing. In the event that Ken Starr MD Wellness Group holds your records in an electronic health record, you will have a right to an electronic copy of your health care information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

In limited circumstances, Ken Starr MD Wellness Group may deny your request to see or get copies of your records. If you are denied access to your protected health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. Ken Starr MD Wellness Group will comply with the outcome of the review.

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your protected health information. This means you may ask Ken Starr MD Wellness Group not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operation. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

Ken Starr MD Wellness Group is not required to agree to any restriction you request, except in the case of eligible requests for restrictions on information provided to your insurer for services paid for out of pocket. If Ken Starr MD Wellness Group believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Ken Starr MD Wellness Group does agree to the requested restriction, we are bound by that agreement and may not use or disclose any protected health information, which you have restricted, except as necessary in a medical emergency.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Ken Starr MD Wellness Group will accommodate such requests that are reasonable and will not request an explanation from you.

Under HIPAA, you have the right, with some exceptions, to amend your protected health care information. This means you may request an amendment of your protected health information maintained in Ken Starr MD Wellness Group's records. In certain cases, Ken Starr MD Wellness Group may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of your disagreement with us, and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures Ken Starr MD Wellness Group may have made to you, to family members or friends involved in your care, or for notification purposes. Your request must be in writing.

Ken Starr MD Wellness Group is not required to account for disclosures for any period longer than six years prior to your request.

You have the right to receive a paper copy of this notice. You may obtain a copy of our Notice of Privacy Practices by calling the Ken Starr MD Wellness Group office at (805) 242-1360 and request a copy be mailed to you, or by asking for a copy at your next appointment.

OUR DUTIES TO YOU REGARDING YOUR PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics that may identify you, and relates to your past, present, or future physical or mental health or condition and related health care services. Ken Starr MD Wellness Group is required by law to do the following:

- Protect the privacy of your health information.
- Give you a copy of this Notice of our legal responsibilities and duties and privacy practices related to the use and disclosure of your protected health information.
- Abide by the terms of the Notice of Privacy Practices currently in effect.
- Communicate any changes in the Notice to you.
- Notify affected individuals following a breach of unsecured health information.

We reserve the right to change the terms of this Notice. We reserve the right to make the revised and changed Notice effective for all protected health information Ken Starr MD Wellness Group already has about you as well as any information we create or receive in the future.

COMPLAINTS AND REPORTING VIOLATIONS

Under HIPAA, if you feel your privacy rights have been violated, you may file a complaint with Ken Starr MD Wellness Group at the address listed below or the Secretary of the United States Department of Health and Human Services, Office of Civil Rights at the address listed below. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

CONTACT

To file a complaint with Ken Starr MD Wellness Group or for further information regarding this Notice of Privacy Practices, contact:

Ken Starr, Privacy Officer
Ken Starr MD Wellness Group
107 Nelson Street
Arroyo Grande, CA 93420
(805) 242-1360

To file a complaint with the Secretary of the United States Department of Health and Human Services, contact:
Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H Washington, DC 20201

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of the medical practice’s Notice of Privacy Practices. I further acknowledge that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Patient Signature

Date

Patient Name Printed

Witness

Date