

## Notice of Privacy Practices

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.

### Disclosure of Your Health Care Information

**Treatment:** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (Example) "It is our policy to provide a substitute healthcare provider, authorized Santa Cruz CORE to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary healthcare provider's absence due to vacation, sickness, or other emergency situation." Every effort will be made to protect your privacy. If you are at all uncomfortable, please inform any of our staff. Our answering machine is not a closed system. When messages are retrieved, there is a chance your message could be overheard. Again, every effort is made to take messages off the machine with your privacy considered. Staff monitors our filing area at all times, as it is separate from the treatment rooms.

**Worker's Compensation:** We may disclose health information as necessary to comply with State Worker's Compensation Laws.

**Emergencies:** We may disclose health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of emergency or of your death.

**Public Health:** As required by law, we may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting diseases or infection exposure.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement:** We may disclose your health information to law enforcement officials for the purposes such as identifying to locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**Deceased Persons:** We may disclose your health information to coroners or medical examiners.

**Research:** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

**Public Safety:** It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies:** We may disclose health information for military national security, prisoner and government benefit purposes.

**Marketing:** We may contact you for marketing purposes as described below:

- 1) As a courtesy to our patients it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this reporting or message other than the date and time of your scheduled appointment.
- 2) As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding upcoming health classes offered on our premises. It is not our policy to disclose any personal health information about your condition for the purpose of these marketing mailings.
- 3) It's our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times we may send you a letter, postcard, invitation, or call your home to invite you to participate in charitable events to raise awareness, food donations, gifts, money etc. During these times we may send you a letter postcard invitation or call your home to invite you to participate in the charitable

activities. We will provide you with the information about the type of activity, the date and times, and request your participation in such events.

- 4) Occasionally we will send birthday or holiday greetings or health reminders to our patients. It is not our policy to disclose any personal health information about your condition in these mailings.

**Change of Ownership:** In the event that Santa Cruz CORE is sold or merged with another organization, your health information/record will become the property of the new owner.

### Your Health Information Rights

- 1) You have the right to request restriction on certain uses and disclosures of your health information. Please be advised, however, that Santa Cruz CORE is not required to agree to the restrictions you requested.
- 2) You have the right to have your health information received or communicated through an alternative method when sent to an alternative location other than the usual method of communication or delivery, upon your request.
- 3) You have the right to inspect and comply health information.
- 4) You have the right to request Santa Cruz CORE amend your protected health information. Please be advised, however, that Santa Cruz CORE is not required to agree to amend your protected health information. If you request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you cannot disagree with the denial.
- 5) You have a right to receive an accounting of disclosure of your protected health information made by Santa Cruz CORE.
- 6) You have a right to a paper copy of this notice of privacy practices at any time upon request.

### Changes to this Notice of privacy Practices

Santa Cruz CORE reserves the right to amend the Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Santa Cruz CORE is required by law to comply with this Notice.

Santa Cruz CORE is required by law to maintain in the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about and part of this notice or if you want more information about your privacy rights, please contact: Santa Cruz CORE by calling this office at 831-425-3488. You may make an appointment or a personal conference in person or by telephone within 2 working days.

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Santa Cruz CORE with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as describe in the Privacy Notice.

---

Patient's Name (Print)

---

Patient's Signature

---

Date

---

Authorized Facility Signature

---

Date