

## NOTICE OF PRIVACY PRACTICES

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**Suite 200**  
**San Leandro, CA 94578**

Privacy Official: Dona Otten (510)352-5470

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**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. THE PRIVACY OF YOUR MEDICAL  
INFORMATION IS IMPORTANT TO US.**

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### *Our Legal Duty*

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **April 14, 2003**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

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We make a record of the medical care we provide any may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan when applicable, and to enable us to meet our professional and legal obligations to protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. This notice describes how we may use and disclose your medical information. If you have questions about this Notice, please contact our Privacy Official listed above.

### **A. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

We collect health information about you and store it in a chart and on a computer. This is your medical record. The medical record is the property of the practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees, and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or, we may share this information with a laboratory or pathologist who performs a test, or with a pharmacy who needs information to dispense a prescription, to you. We may also disclose medical information to

notify or assist in notifying a family member, personal representative or any other person that is responsible for your care and general condition.

2. **Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for the services they have provided to you.

3. **Health Care Operations:** We may use and disclose medical information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or, we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our business associates, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law, all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you. We may also share your information with other health care providers, health care clearinghouses, or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. **Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or with the person answering the phone.

5. **Sign in sheet:** We may use a sign-in sheet when you arrive at our office. We may also call out your name when we are ready to admit you.

6. **Notification and communication with family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care, about your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to agree or object, prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe that it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. **Marketing:** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you.

We will not otherwise use or disclose your medical information for marketing purposes without your written authorization .

8. **Required by law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

9. **Public health:** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing and controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

10. **Health oversight activities:** We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, accreditation, and other proceedings, subject to the limitations imposed by federal and California law.

11. **Judicial and administrative proceedings:** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

12. **Law enforcement:** We may, and are sometimes required by law to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. **Coroners:** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

14. **Organ and tissue donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

15. **Public safety:** We may, and are sometimes required by law, 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 the general public.

16. **Specialized government functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officials that have you in their lawful custody.

17. **Worker's compensation:** We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's

compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

18. **Change of ownership:** In the event that this practice is sold or merged with another organization, your health information/ record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another, physician or medical group.

19. **Research:** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

## **B. WHEN OUR PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, our practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing any time.

## **C. YOUR HEALTH INFORMATION RIGHTS**

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests, if the service is available, submitted in writing that specify how or where you wish to receive these communications.

3. **Right to Inspect and Copy:** You have the right to inspect and copy your health information with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records, or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

4. **Right to Amend or Supplement:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information regarding our denial process and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. By California law, you also have the right to request that we add to your record a

statement of 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. **Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by this practice, except that we do not have to account for the disclosures provided to you or pursuant to your written authorization, or as described for treatment, payment and health care operations, notification and communication with family, and specialized government functions of Section A. of this Notice of Privacy practices, or disclosures for purposes of research, public health that exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency, law enforcement official, to the extent this facility has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. You have a right to a paper copy of this Notice of Privacy Practices, even if it is available to you on a website or by e-mail.

If you would like a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact our Privacy Official listed at the top of this Notice of Privacy Practices.

#### **D. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area. We will also post the current notice on our website and you may request a copy of the current Notice of Privacy Practices.

#### **E. COMPLAINTS**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Official: Dona Otten **(510)352-5470**

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You will not be penalized for filing a complaint.