

NOTICE OF PRIVACY PRACTICES

This Notice describes how Paul Hovsepien, M.D. may use and disclose your healthcare information and how you can obtain access to this information. Please review it carefully.

Paul Hovsepien, M.D. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Paul Hovsepien, M.D. or received by Paul Hovsepien, M.D. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Paul Hovsepien, M.D. will abide by the terms of this Notice, or the Notice currently in effect at the time of use or disclosure of your protected health information.¹

Paul Hovsepien, M.D. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent
Paul Hovsepien, M.D. may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment, and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Paul Hovsepien, M.D. may determine that you require the services of a specialist. In referring you to another doctor, Paul Hovsepien, M.D. may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by Paul Hovsepien, M.D. to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Paul Hovsepien, M.D. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Paul Hovsepien, M.D. may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

¹ This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520.

vehicle. Healthcare information, including treatment records and HIV test results may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For worker's compensation.

We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Paul Hovsepian, M.D. will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Paul Hovsepian, M.D. has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Paul Hovsepian, M.D. to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Paul Hovsepian, M.D. may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Paul Hovsepian, M.D. send protected health information, including billing information to you by alternative means or alternative locations. You may also request that Paul Hovsepian, M.D. not send out any information to a particular address or location or contact you at a specific location perhaps your place of employment. This request must be submitted in writing, we will accommodate reasonable requests by you.

You have the right to request that Paul Hovsepian, M.D. amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Paul Hovsepian, M.D. for the six years prior to the date of the request, beginning with disclosures made after June 1, 2014. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with Paul Hovsepian, M.D. and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Paul Hovsepian, M.D., please contact the Privacy Officer at the following:

Privacy Officer
1032 S. Garfield Ave.
Alhambra, CA 91801

It is the policy of Paul Hovsepian, M.D. that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective June 1, 2014

(Paul Hovsepian, M.D.)

Notice of Privacy Practice

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