



TERRY L. FRANKLIN, M.D.

1011 Cass Street Suite 106
Monterey, CA 93940
P: 831-647-3190 F: 831-373-1007

Notice of Privacy Practices

Confidentiality of Patient Medical Records

This notice describes our privacy practices and how medical information about you may be used and disclosed and how you can get access to this information.

All physicians, nursing staff, office and business staff and medical records personnel follow the terms of this notice. This practice and its employees may share health information with each other for treatment, payment of health-care operation purposes described in this notice.

Our Pledge Regarding Health Information

We understand that information about you, your health, and your health care is personal. We are committed to protecting your personal health information (PHI).

We create a record of the care on a computer regarding all medical services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this health care practice, whether made by your personal physician or others working in this office. This notice will describe the ways in which we may use and disclose your PHI. We also describe your rights to the PHI we keep about you and describe certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to your PHI should you request a written copy
- Follow the terms of this notice that is currently in effect

How We May Use and Disclose Your PHI

The following categories describe different ways we use and disclose health information,

For 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 you with care. For example, we may share your medical information with other physicians and health care providers in physician offices, hospitals, homecare provides, lab personnel, pharmacy personnel, and x-ray technicians (to name a few).

For Payment: We use and disclose information about treatment and medical care for the services we provide for billing purposes. These fees may be collected from you, an insurance company or a third party. We may also tell your health plan about treatments before you receive it so that we can obtain prior approval or determine if your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for the operation of our health care practice. These uses and disclosures are necessary to operate our practice. For example, we may use health information in a general review of our treatments and services or, more specifically, to evaluate the performance of our staff in caring for you. We may also combine the health information of many patients to decide what improvements we could make, what additional services we should offer, what services are not needed, or whether certain new treatments are effective. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment or missed an appointment and should contact us to reschedule. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may identify your doctor's name or the practice name and the day and time of your visit and the nature of your visit (appointment, labs, etc.)

Sign in Sheet: We may use and disclose medical information about you by having a sign in sheet when you arrive at our office. We may also call out your name when we are ready to see you.

Health-Related Services and Treatment Alternatives: We may use and disclose health information to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you regarding this information.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law, by the Department of Veterans' Affairs should you be a member of the armed forces, or with regards to Workers' Compensation if you have a work related injury.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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 location, your general condition, or in the event of your death. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are unable or unavailable to agree or object to disclosing information, our health professionals will use their best judgment in communication with your family and others.

Public Health Risk: We may disclose your health information to public health authorities related to:

- The prevention or control of disease, injury or disability
- The reporting of births or deaths
- The reporting of child abuse or neglect
- The reporting of reactions to medications or problems with products
- The notification of people about recalls of products they may be using
- The notification of a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- The notification of a person or organization required to receive information on the Food and Drug Administration regulated products

- The notification of the appropriate government authority, if we believe a patient has been the victim of abuse, neglect or domestic violence

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

- In reporting certain injuries, as required by law: gunshot wounds, burns, dog bites and injuries to perpetrators of crime
- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain instances, we are unable to obtain the persons agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency situations to report a crime

Coroners, Health Examiners and Funeral Directors: We may release health information to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors to assist them in carrying out their duties.

Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Your Rights Regarding Health Information About You

Your Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your health care. Usually, this includes health and billing records.

To inspect and receive a copy of health information that may be used to make decisions about you, you must submit your request in writing to Ryan Ranch Medical Group at the address listed on this document. We will charge a fee for the costs of copying, mailing, support staff and supplies associated with your request.

Your 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. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive those communications.

Your Right to Amend: If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend information. To request an amendment, our request must be made in writing on the Request for Correction/Amendment of Protected Health Information form and

submitted to Ryan Ranch Medical Group at the address listed on this document. On this form, you must include information supporting the reason for your request to amend.

We may deny your request for an amendment if it is not in writing or does not include a reason for request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for our practice
- Is not part of the information that you would be permitted to inspect and copy
- Is accurate and complete

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures: We have the right to request a list of disclosures of your health information we have made, except for uses and disclosures for treatment, payment and health care operations as previously described.

To request a list of disclosures, you must submit your request in writing to Ryan Ranch Medical Group. Your request must state a time period that may not be longer than 6 years and may not include dates before April 14, 2007. You may be charged a fee for our costs incurred in providing you with this information.

Changes to this notice: We reserve the right to change and revise this notice.

You may request a copy of our most current notice at any time.

Complaints: Complaints about this Notice of Privacy Practices or how Ryan Ranch Medical Group handles your health information should be directed to our Office Manager, Rebekah Pacleb, at the address listed on this document.

If you are not satisfied with the manner in which Ryan Ranch Medical Group handles Privacy of your Health Information, you may submit a formal complaint to:

Department of Health and Human Services

Washington, DC

You will not be penalized for filing a complaint.

Acknowledgement of Receipt of this Notice: We will request that you sign a separate form acknowledging that you have received a copy of this notice. If you choose not to sign or are not able to sign, a staff member will sign his or her name and date. This acknowledgement will be files with your records.