

Michelle G. Ashley, M.D.
12304 Santa Monica Boulevard Suite 212
Los Angeles, CA 90025
(310) 582-5223

HIPAA 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. If you have any questions about this notice, please contact Michelle G. Ashley, M.D.

We are required by law to:

- *Maintain the privacy of protected health information
- *Give you this notice of our legal duties and privacy practices regarding your health information
- * Follow the terms of the notice currently in effect.

How we may use and disclose your health information:

Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to: Michelle G. Ashley, M.D. 12304 Santa Monica Boulevard Suite 213, Los Angeles, CA 90025.

- . **Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside the office, who are involved in your medical care and need the information to provide you with medical care.
- . **Payment.** We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.
- . **Health Care Operations.** We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.
- . **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.
- . **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.
- . **Research.** We may use and disclose your health information for research. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be include in their research, as long as they do not remove or copy any of your health information.

- . **As Required by Law.** We will disclose your health information when required to do so by international, federal, state or local law.
- . **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public, Disclosures will be made only to someone who can prevent the threat.
- . **Business Associates.** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for another purpose than appears in their contract with us.
- . **Military and Veterans.** If you're a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.
- . **Worker's Compensation.** We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
- . **Public health Risks.** We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications, We may use your health information to notify someone who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure on when you agree or when required or authorized to do so by law.
- . **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may 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 disclose your health information 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 to obtain an order protecting the information requested.
- . **Law Enforcement.** We may release your health information request by law enforcement officials if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises, and 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.
- . **Coroners, Medical examiner, and Funeral Directors.** We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.
- . **National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.
- . **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or in custody we may disclose your information 1) for the institution to provide you with health care; 2) to protect your health and safety or that of others, and 3) for the safety and security of the institution.

Your rights regarding your health information:

- . **Right to Inspect and Copy.** You have the right to inspect and copy your medical and billing records by written request to Michelle G. Ashley, M.D. 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. You will receive a response within 30 days of receiving your written request. Exceptions to patient rights to access, inspect, and copy PHI are: psychotherapy notes, information that a health care professional thinks could be a serious harm to you, information for use in a civil or criminal trial or administrative proceeding, and certain laboratory information. If your request is denied, you will receive in writing the reasons for your denial. We may charge a reasonable, cost-based fee for copies.
- . **Right to Amend.** You have the right to request an amendment to your records by written request to Michelle G. Ashley, M.D. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. You will receive a response within 60 days of our receipt of your request. We may deny your request, in writing, if we find that the health information is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. Our denial must be in writing and must state the reason for the denial. It must also explain our right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and denial be attached to any future disclosure of your health information. If we approve your request, we will make the change(s) to your health information. Additionally, we will tell you that the change has been made, and we will advise all others who need to know about the change(s) to your health information.
- . **Right to an Accounting of Disclosures.** You have a right to an accounting of certain disclosures by written request to Michelle G. Ashley, M.D.
- . **Right to Request Restrictions.** You have the right to request restriction or limitation on your health information used for treatment, payment or health care operations. You may request us to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to Michelle G. Ashley, M.D. We are not required to agree with your request, but we will try to comply.
- . **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted and addressed to Michelle G. Ashley, M.D. We will accommodate reasonable requests.

Changes to this notice:

We may change this notice and make it effective for medical information we already have about you as well as new information. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to: Michelle G. Ashley, M.D.

Effective Date: September 7, 2010