

## PLEASE REVIEW THIS NOTICE CAREFULLY

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY ACCESS THIS INFORMATION.

For questions or additional information, please contact: Teresa A. Costa, RHIA, CHPS, CPHQ, CMT  
Chief Administrative and Privacy Officer  
James W. Golden, MD, Medical Corporation  
225 E. Las Tunas Drive  
San Gabriel, CA 91776  
Phone: (626) 287-8642

#### WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of James W. Golden, MD, Medical Corporation. It describes how we may use and disclose your protected health information (PHI) for treatment, payment, healthcare operations, and for other purposes permitted by law. PHI includes information about you including demographic information that may identify you, and that relates to your past, present or future physical or mental health or condition and related health care services. It applies to any healthcare professional, employee, or other staff member authorized to enter information into your medical record.

#### COMMITMENT TO CONFIDENTIALITY

We are committed to protecting the medical information we maintain on you, which may include highly sensitive information such as mental health and chemical dependency treatment. We create and maintain a record of the care and services rendered, which is required by law and is necessary to provide you with quality care. This notice explains ways in which we may use and disclose medical information about you with or without your authorization. It also describes your rights, as well as obligations we have regarding use and disclosure of medical information.

Your medical record contains personal information about you and your health. State and federal laws (Title 45, Code of Federal Regulations Parts 160 and 164) protect the confidentiality of this information. We will also follow additional laws pertaining to records containing HIV/AIDS information. The confidentiality of alcohol and drug abuse patient records is specifically protected by federal law (Title 42, Code of Federal Regulations, Part 2). We are required to comply with these additional restrictions if it pertains to the scope of your treatment. This includes prohibition, with few exceptions, on identifying you as an alcohol or drug abuser unless you provide written authorization. Violation of federal laws or regulations is a crime. If you suspect a violation, you may file a report to the appropriate authorities in accordance with federal regulations.

We are required by law to

1. Make sure medical information that identifies you is kept private (with certain exceptions).
2. Provide you with this notice of our legal duties and privacy practices with respect to medical information about you.
3. Follow the terms of this notice as is currently in effect.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to provide an example for clarification.

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#### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2014

Page 1 of 3

#### JAMES W. GOLDEN, MD

225 E. Las Tunas Drive  
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Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### Disclosure at Your Request

We may disclose information when it is requested by you. This disclosure at your request will require written authorization. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your authorization.

#### For Treatment

We will use protected health information to provide, coordinate and manage your healthcare and any related services. Staff need to be able to access your medical information and communicate to diagnose and treat you, facilitate your safety, or refer you to appropriate treatment. Your medical information may be used and disclosed to others involved in your care for the purpose of providing, coordinating or managing your healthcare treatment and any related services. This includes coordination or management of your healthcare with a third party consultation with other healthcare providers or referral to another provider for healthcare treatment. For example, your PHI may be provided to a laboratory for discussion and clarification of lab results.

#### For Payment

With your authorization, we may use and disclose medical information about you to coordinate payment for the services provided to you. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside our practice who are involved in your care to assist them in obtaining payment for services they provide to you.

#### Healthcare Operations

We may use and disclose your PHI for certain purposes in connection with the operation of our practice including, but not limited to quality improvement activities, training medical students, licensing, and other business activities. These uses and disclosures are necessary to run the practice and make sure all patients receive quality care. For example, PHI may be shared with third parties who perform services such as billing or medical transcription, provided we have a written contract which prohibits the business from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. We may call your name in the waiting room and we may use PHI to contact you to remind you of your appointment.

We may disclose medical information about you to meet public health and/or legal requirements including:

- Disclosure to medical and/or emergency personnel in emergency situations.
- To report abuse/neglect of children, elders and dependent adults.
- To report victims of domestic violence.
- To report reactions to medications or problems with products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify emergency response employees regarding possible exposures to HIV/AIDS as required to comply with state and federal law.
- In response to a valid court order or administrative order.
- To law enforcement as required by law.
- To coroners and/or medical examiners as required by law.
- As required for National Security and Intelligence activities.

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**HEALTH INSURANCE PORTABILITY  
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Page 2 of 3

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## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

### Right to Access

You have the right, which may be restricted in certain circumstances, to inspect and receive a copy of your medical information that may be used to make decisions about your care. Pursuant to California law, medical records are maintained for seven (7) years from the date of service. You must submit your request in writing by completing an Authorization to Release Protected Health Information form. We may charge a fee for the costs of processing your request in accordance with federal and state guidelines. We may deny your request in limited circumstances.

### Other Rights

1. You have the right to request restrictions on certain uses and disclosures of your PHI; however, we are not required to agree to the restriction you request.
2. You have the right to request that we communicate with you in a certain way or location, such as only at home or by mail. You must make this request in writing.
3. You have the right to be notified of a breach of unsecured PHI if you are affected.
4. Upon written request, you have the right to request amendment of incorrect information. You must provide a reason that supports your request. We may deny your request for amendment if the information was not created by us, is not part of the medical information maintained in your legal record, is not part of the information to which you would be permitted to inspect/copy, or is accurate and complete. If we deny your request, we will provide you with instructions on the appeal process.
5. You have the right to request an Accounting of Disclosures, except where the disclosure is made for treatment, payment, operations, or information provided to you.
6. You have the right to receive a paper copy of this Notice of Privacy Practices.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complete in writing to our Privacy Officer. We will not retaliate against you for filing a complaint.

Teresa A. Costa, RHIA, CHPS, CPHQ, CMT  
Chief Administrative and Privacy Officer  
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You may also file a complaint with the US Secretary of Health and Human Services as follows:

200 Independence Avenue, SW  
Washington, DC 20201  
(202) 619-0257

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Page 3 of 3

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