



Kern Cardiology Medical Group-*Since 1978*

(Sam) Sarabjit Singh, MD. FACC. FSCAI

Notice of Privacy Policies

We are required by law to maintain the privacy of Health Information that identifies you; give you this Notice of our legal duties and privacy practices with respect to your Health Information; and follow the terms of our Notice that are currently in effect.

It is the policy of our practice that all physicians and staff preserve the integrity and confidentiality of our patients' Protected Health Information (PHI). This policy is to ensure that our practice and its physician and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of our patients' PHI to the greatest degree possible.

Patients should not be afraid to provide information to our practice and its physician and staff for purposes of treatment, payment and health care operations. Our practice will not tolerate violations of the above policy.

Please read the following Notice of Privacy Policy carefully to know your rights and how we may access your PHI according to The Medical Board of California.

Your Rights Regarding

Health Information about You

You have the following rights, subject to certain limitations, regarding PHI we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments

If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as the information is kept by or for Kern Cardiology Medical Group.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of PHI. This is a list of certain disclosures we made of Health Information. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

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Right to Request Restrictions

You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

For Health Care Operations

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes.

For example, we may use Health Information to review the treatment and services you receive to check on the performance of our staff in caring for you. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel for educational and learning purposes. The entities and individuals covered by this Notice also may share information with each other for purposes of our joint health care operations.

As Required by Law

We will disclose medical information about you 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 Health Information 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, will be to someone who may be able to help prevent the threat.

Other Uses of Health Information

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. You may revoke your permission at any time by submitting a written request to our Privacy Officer, except to the extent that we acted in reliance on your permission.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Kern Cardiology Medical Group or with the Secretary of the Department of Health and Human Services. To file a complaint with Kern Cardiology Medical Group, contact our Privacy Officer at the address listed below. All complaints must be made in writing, dated, and signed (emails are NOT acceptable). You will not be penalized for filing a complaint.

Address for Complaint

Complaints Office @ Kern Cardiology Medical Group
4000 Physicians Blvd Building E #101
Bakersfield, CA 93301

Frequently Asked Questions

The following categories describe different ways that we may use and disclose Health Information.

Can a doctor charge me for copies of my records?

Yes. Pursuant to Health & Safety code section 123110, a doctor can charge 25 cents per page plus a clerical fee of \$25 for medical records or CDs. There is nothing to preclude them from charging a copying or transferring fee.

How long does a doctor have to send me the copy of medical records I requested?

Within 15 days upon the receipt of your request. If the doctor's office advises you that a fee will be charged for the records, the medical records do not need to be provided until the fee is paid.

Who owns my medical records? Do the records belong to me?

No, they do not belong to the patient. Medical records are the property of the medical provider or facility that prepares for them.

How do I get my medical records transferred to my new doctor?

First of all, the patient must sign a release form at the doctor's office. Transferring records between providers is considered a "professional courtesy" and is not covered by law. There is no time limit on transferring records. If you want to insure that your new doctor receives a copy of your medical records from your previous doctor, you can write to your previous doctor requesting that a copy of your medical records be send directly to you or to the new doctor's office. However, patient can pay a fee and request a copy of his/her medical records to be sent directly to the patient. If you select this method, the records must be provided to you within 15 days of receipt of your request.

How do I obtain a copy of my lab results?

Health & Safety code section 123148 requires the health care professional who requested the test be performed to provide a copy of the results to the patient if requested either orally or in writing within a "reasonable" time period after the results are received by the provider.