

# *Na'Imah D. Powell, M.D.*

## *Total Care Family Medical Center of Lake Elsinore, Inc.*

Main Office  
425 Diamond Drive, Suite 105  
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(951) 674-8779 Fax: (951) 674-1403

Murrieta Office  
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Murrieta, CA 92562  
(951) 698-1168 Fax (951) 698-0768

### **NOTICE OF PRIVACY**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU HAVE ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

As your health care provider, we are required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

#### Disclosure of your Health Care Information

##### Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of consultation, treatment, payment or healthcare operations.

##### Payment

We may disclose your health information to your insurance provider(s), billing and insurance personnel, or a medical billing clearinghouse for the purpose of payment of your health care services.

##### Workers' Compensation

We may disclose your health information as necessary to comply with state Work Comp Laws.

##### Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency.

##### Other

As required by law, we may disclose your health information to the following persons or entities:

- \*Public Health Authorities \*Law Enforcement Officials
- \*Medical Examiners or Coroners \*Approved Medical Research or Review Board
- \*Public Safety Officers \*Specialized Government Agencies

##### Marketing

We may contact you for marketing purposes or fundraising purposes, as described below:  
"As a courtesy to our patients, it is our policy to call your home or office regarding scheduling of appointments. If you are not at home, we leave a message on your answering machine or with another person."

**\*\*PLEASE TURN OVER\*\*READ AND SIGN THE BACK OF THIS POLICY\*\*THANK YOU.**

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that we are not required to agree to the restriction requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that we amend your protected health information. Please be advised, however, that we are not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by our office.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains.

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact our office manager.

Complaints

Complaints about your Privacy Rights, or how our office handles the use or disclosure of your health information should be directed to our office manager.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
 200 Independence Avenue,  
 S.W.Room 509F HHH Building  
 Washington, DC 20201

This notice is effective as of 04/14/2003.

I have read the Privacy Notice and understand my rights contained in the notice.

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date