



HIPAA Compliance Requirement Form
Notice of Perlman Clinic Privacy Practices

THIS DOCUMENT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO SUCH INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to ask each of our patients to acknowledge receipt of our Notice of Privacy Practices. Perlman Clinic must take steps to protect the privacy of your Protected Health Information (“PHI”) in accordance with HIPAA. PHI includes information that we have created or received regarding your health care, including payment and billing for your health care. In addition to your medical records, PHI includes personal information such as your name, social security number, address, and phone number.

This Notice of Perlman Clinic’s Privacy Practices is also available on the Perlman Clinic website, www.perlmanclinic.com, under HIPAA/Privacy Practices in the Site Links. If you need a copy thereof, please ask for a copy to be provided to you. Under federal law, we are required to: (i) protect the privacy of your PHI (Perlman Clinic therefor requires our employees to maintain the confidentiality of PHI); (ii) provide you with this Notice of Perlman Clinic Privacy Practices explaining our duties and practices regarding your PHI; and (iii) follow the practices and procedures set forth in this Notice of Perlman Clinic Privacy Practices.

Perlman Clinic participates in an Organized Health Care Arrangement (OHCA) with the University of California, San Diego Health System (UCSD) for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice is jointly used by and jointly describes the practices of all participants within the OHCA, including, without limitation any health care professional authorized to enter information into your medical record. The OHCA will follow the terms of this joint notice. The OHCA participants may share medical information with each other for treatment, payment, or health care operations related to the OHCA. UCSD also has its own Notice of Privacy Practices that can be accessed at <http://health.ucsd.edu/hipaa/Pages/hipaa.aspx>.

We may disclose PHI about you to doctors, nurses, technicians, students or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. A doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you. We may also share PHI about you with other non-Perlman Clinic and non-UC San Diego Health providers. The disclosure of your PHI to non-Perlman Clinic and/or non-UC San Diego Health providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your Perlman Clinic and/or UC San Diego health records, including PHI, to coordinate services for you.

I understand that as a part of my healthcare, Perlman Clinic originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care and treatment. I understand that this information serves as follows:

A basis for planning my care and treatment; A means of communication among health professionals who contribute to my care; A source of information for applying my diagnosis and treatment to my bill; A means by which a third-party payer can verify services billed were provided; A tool for routine healthcare operations, such as assessing quality and reviewing the competence of healthcare professionals.

Contact us at info@perlmanclinic.com or 858.554.1212. www.perlmanclinic.com

I understand that as a part of Perlman Clinic’s treatment, payment and/or healthcare operations, it may become necessary to disclose my PHI to another entity and I consent to such disclosure for these permitted uses including disclosures via fax and sharing of electronic medical records. Additionally, PHI may be released without my authorization for (i) legal and/or governmental purposes and for (ii) certain miscellaneous circumstances, such as to a person accompanying you for treatment or to an authorized public party for disaster relief purposes, all as allowed under HIPAA.

Except for the situations listed above, we will use and disclose your PHI only with your written authorization. We will not disclose your PHI in the following cases, unless you give us written permission: (i) marketing purposes; (ii) sale of your information; and (iii) most sharing of psychotherapy notes. Federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose such PHI. In these situations, we will contact you for the necessary authorization. In some situations, you may revoke your authorization. If you have questions about these laws, please contact the Privacy Officer at 858-554-1212.

Email and Text: You are advised that email and text are not secure methods of communication. If you email or text us you agree to our communication by use of email or text and you agree to the risks. If you prefer to not exchange health information by email or text, please let us know by sending an email to info@perlmanclinic.com or texting 858.554.1212.

Without limitation, you have the right to request: (i) restrictions on the disclosure of your PHI; (ii) ask for a specific means of communication; (iii) request an electronic or paper copy of your PHI; (iv) an amendment to your PHI; (v) seek an accounting of the disclosures made of your PHI; (vi) a paper copy of this Notice; and (vii) a written notification of any breach of the confidentiality of your PHI. All requests must be in writing and in certain circumstances a request may be denied or require the payment of a fee. In any such circumstances we will explain our response. You may file a complaint if you believe your privacy rights have been violated. You can file a written complaint with us and/or with the U.S. Department of Health and Human Services Office for Civil Rights. Their address is 200 Independence Avenue, S.W., Washington, D.C. 20201. You may also contact them by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

On occasion, Perlman Clinic may have PHI about you, such as laboratory results, which we may wish to share with you by telephone. Please indicate below how you would like us to handle this:

Call: _____ to leave all health-related information. Detailed confidential messages may _____ may not be left at this number if answered by a machine.

My PHI may be discussed with the following people:

1. _____ 2. _____ 3. _____

I hereby agree to the above and consent for Perlman Clinic to obtain my past, present and future medication and medical information as well as all other PHI:

Patient’s Signature

Date

Parent/Guardian Signature
(if patient is under 18)*

Date

**If not a Parent or Legal Guardian, a Caregiver’s Authorization Form must be completed and executed by the Caregiver. If a minor without a Parent or Legal Guardian, the Minor Consent for Services for Qualified Medical Care Form is to be completed. The applicable form is to be shown to the medical provider, who may or may not accept same.*

THIS WILL BE FILED WITH YOUR MEDICAL RECORDS

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