

YUBADOCS URGENT CARE 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.

We are required, by law, to maintain the privacy and confidentiality of your Protected Health Information (PHI) and to provide you with notice of our legal duties and practices with respect to your PHI. We are also required to notify you following a breach of your unsecured PHI.

Treatment

We may disclose your PHI to other healthcare professionals for the purpose of treatment, for example it may be necessary to seek consultation regarding your condition.

Payment

We may disclose your PHI to your insurance carrier for the purpose of payment for health care. For example, billing statements may contain diagnosis, date of injury or condition, and codes which describe the healthcare services you received.

Health Care Operations

We may use or disclose your PHI for permissible health care operations such as quality improvement, case management or other activities.

Business Associates

We may disclose your PHI to organizations providing services on our behalf involving your PHI. Business Associates are required by contract and by law to protect your PHI.

Workers compensation

We may disclose your PHI as necessary to comply with state Workers Compensation Laws.

Emergencies

We may disclose your PHI 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 or of your death.

Public Health

As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reaction to medication, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your PHI in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person and other law enforcement purposes.

Deceased Persons

We may disclose your PHI to coroners or medical examiners.

Organ Donation

We disclose your PHI to organization involved in procuring, banking or transplanting organs and tissues.

Research

We may disclose your PHI to researchers conducting research that has been approved in accordance with law.

Public Safety

It may be necessary to disclose your PHI to authorized person in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your PHI for military, national security, prisoner, and government benefits programs

Marketing

We may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings as permitted by law. We will not disclose your PHI for purposes of marketing a product or service without first obtaining your written authorization. You may opt out of any marketing or fundraising communications.

Change of Ownership

In the event that we sell our practice or merge with another organization, your PHI will become the property of the new owner.

Authorized disclosures

Disclosers of PHI that are not listed here require your written authorization. You may revoke your written authorization at any time, but your revocation will not be effective to the extent that we have already relied on it and made disclosures of your PHI

Your Rights

1. You have the right to request restriction on certain uses and disclosures of your PHI. We are not required to agree to a requested but will consider all requires in good faith.
2. You have the right to have your PHI communicated through an alternative method or sent to an alternative location upon request
3. You have right to inspect and copy your PHI.
4. You have the right to request that we amend your PHI, Please be advised, however, that we are not required to agree to amend your PHI. If you request is denied, you will be provided with an explanation of the reason(s) and information about how you can appeal the denial.
5. You have the right to receive an accounting of disclosures of your PHI.
6. You have the right to a paper copy of this Notice of Privacy Practices and any time upon request.

Changes to this Notice of Privacy Practices

We will amend this Notice whenever we make material changes to our privacy practices. Amendments will only be effective when this Notice is updated. Questions, concerns or complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer at the following address:

Yubadocs Urgent Care
2090 Nevada City Highway
Grass Valley, CA 95945

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

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

You will not be penalized for filling a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice’s Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed: _____

Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or Guardian of minor patient
- Guardian or Conservator of an incompetent patient