



HIPAA Notice of Privacy Practices for Greg K. Sakamoto, M.D. LLC

THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was created by the federal government to ensure that all medical records and other personally identifiable health information be kept confidential. This notice describes how we may use or disclose your protected health information (PHI) for the purposes of treatment, payment and for other purposes that are permitted or required by law. It also describes your rights with regards to your health information.

I. Our Legal Responsibilities Regarding Your Protected Health Information

We are required by law to maintain the privacy of your health information and to provide you with a description of our privacy practices and legal duties regarding this information. We reserve the right to change any of the terms of this notice at any time within HIPAA compliance. If we change our notice, the updated version will be posted on our website at www.sakamotodermatology.com.

II. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the staff for the following purposes:

- 1. Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may also disclose your health information to other physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician who we have requested to be involved in your care.
- 2. Payment:** We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example, we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.
- 3. Health Care Operation:** We will use and disclose your protected health information to support the business activities of our practice. For example, we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.
- 4. Health Related Services:** We may use your information to contact you about health related services including appointment reminders, lab results, and possible treatment options
- 5. When we are unable to obtain your authorization:** We may use or disclose your information in situations when you are unable to provide us with your permission. For example, if you are unconscious and in need of emergency treatment, and we believe you would consent to the use and disclosure of your PHI, we will use and disclose this information.
- 6. Disclosures required by law:** We will use and disclose your protected health information when required to by federal, state, or local law. You may request an accounting of such disclosures at any time.
- 7. Public health risks:** We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.
- 8. Serious threats to health or safety:** We may disclose your PHI when necessary to prevent or reduce a serious threat to your safety and health, or to the safety and health of another individual or to the public. This information may only be disclosed to a person or organization able to help prevent the threat.
- 9. Government purposes:** We may disclose information of members of the United States military, or of veterans of the United States military. Additionally, we may disclose your information to federal officials for



intelligence and national security activities authorized by law including the protection of the President of the United States.

10. **Worker's compensation purposes:** We may use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness in accordance with state law.
11. **Inmates:** We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.
12. **Disclosure to family, or others:** We may release your information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the physician's office for treatment. In this example, the babysitter may have access to this child's medical information.

III. Your Rights Regarding Your Protected Health Information

You have the following rights with regards to your PHI:

1. **The right to request restrictions on uses and disclosures of this information:** You have the right to request restrictions on certain uses and disclosures of your health information. You may ask us not to use or disclose any part of you protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must specifically state the restriction requested and to whom it applies. If we do agree to the requested restriction, we may not use or disclose your protected health information except when otherwise required by law, or when it is needed to provide emergency treatment. Requests for restrictions must be in writing to our office.
2. **The right to receive confidential communication of your PHI:** You may request to receive communications of your health information from us by alternative means or at alternative locations. For example you may request that we contact you with information at home rather than at work.
3. **The right to inspect and copy your PHI:** You have the right to inspect and obtain a copy of your health information. Your health information consists of your medical records and billing records and any other records that your physician and the practice use for making decisions about you. All requests must be submitted in writing to our office.
4. **The right to amend your health information:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information.
5. **The right to receive an accounting of disclosures of your PHI:** You have the right to request an accounting of our disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure.
6. **The right to a paper copy:** You have the right to a paper copy of this notice.
7. **The right to file a complaint:** If you feel your privacy has been violated by our practice you may file a complaint at any time to our office.