CENTRAL VALLEY
SKIN SPECIALISTS

PATIENT NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2025

This Privacy Policy outlines how your Protected Health Information (PHI) may be used and disclosed, as well as the procedures for accessing this information. PHI includes demographic details that can identify you and pertains to your past, present, or future physical or mental health, as well as related healthcare services.

We encourage you to review this policy carefully. If you have any questions or require clarification, please contact our Privacy Officer using the information provided at the end of this document.

We are obligated to comply with the terms outlined in this Notice of Privacy Practices. However, we reserve the right to amend the terms of this notice at any time. Any revised notice will apply to all PHI maintained at the time of the change. You may access a copy of our Notice of Privacy Practices on our website at www.centralvalleyskin.com. Additionally, physical copies are prominently displayed in each of our offices and are available to review upon request.

Permitted Uses and Disclosures:

This medical practice collects and maintains your health information in a medical record, which may be stored in physical charts and/or electronic systems. While the medical record itself is the property of the practice, the information contained within it is yours. In accordance with applicable laws, we are authorized to use or disclose your health information for specific purposes, as outlined below:

1. **Treatment** involves delivering, coordinating, or overseeing your medical care and related services through one or more healthcare providers. This encompasses provider consultations about a patient's care, communication within a medical team, with pharmacies and the referral process between providers.
2. **Payment** includes actions taken to collect premiums, assess or meet obligations for coverage and benefit provision, and secure or provide reimbursement for healthcare services delivered to an individual. It also includes efforts by healthcare providers to obtain payment or reimbursement for services rendered to a patient.
3. **Health Care Operations** may include the following: (a) activities aimed at quality assessment and improvement, such as case management and care coordination; (b) ensuring provider and health plan competency through performance evaluations, credentialing, and accreditation; (c)

organizing or conducting medical reviews, audits, legal services, and programs for fraud detection and compliance; (d) performing specific insurance-related functions, including underwriting, risk assessment, and reinsurance; (e) planning, developing, managing, and administering business operations; and (f) handling general administrative tasks, such as de-identifying protected health information or creating limited data sets.

4. **Business Associates**: we may contract with individuals or entities, referred to as Business Associates, to carry out tasks related to payment and healthcare operations on our behalf. These Business Associates are bound by legal agreements to access, create, maintain, use, and/or disclose your PHI only with proper safeguards in place to protect its confidentiality and security. For instance, we may share your PHI with a Business Associate to process claims or provide support services, such as utilization management, pharmacy benefit management, or subrogation. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse, or one of their business associates, California law prohibits all recipients of healthcare information from further disclosing it except as specifically required or permitted by law.
5. **Required by Law:** We will use and disclose your health information as required by law, ensuring that such use or disclosure is strictly limited to what is necessary to meet the relevant legal requirements. When mandated to report instances of abuse, neglect, or domestic violence, or to respond to judicial or administrative proceedings, or requests from law enforcement officials, we will adhere to the specific legal obligations and guidelines outlined below for these activities.
6. **Coroners, Funeral Directors, and Organ Donation:** PHI may be disclosed to coroners or medical examiners for purposes such as identification, determining the cause of death, or fulfilling other legal responsibilities. Similarly, we may provide this information to funeral directors, as permitted by law, to enable them to carry out their professional duties. Disclosures may also occur in reasonable anticipation of an individual's passing. Additionally, protected health information may be used or disclosed to facilitate cadaveric, organ, eye, or tissue donation and transplantation processes.
7. **Judicial and Administrative Proceedings**: We may disclose your health information during judicial or administrative proceedings as required or permitted by law. Such disclosures will be limited to the extent explicitly authorized by a court or administrative order. Additionally, we may provide your health information in response to a subpoena, discovery request, or other lawful process, provided reasonable efforts have been made to inform you of the request, and either you have not raised an objection or any objections have been resolved through a court or administrative ruling.
8. **Law Enforcement:** We may disclose your health information to law enforcement officials as permitted or required by law. This may include purposes such as identifying or locating a suspect, fugitive, material witness, or missing person. Additionally, disclosures may be made to comply with court orders, warrants, grand jury subpoenas, or other lawful law enforcement requests.
9. **Military Activity and National Security:** We may disclose protected health information of Armed Forces personnel as necessary to fulfill activities authorized by military command authorities, to assist the Department of Veterans Affairs in determining eligibility for benefits, or to foreign military authorities if you are a member of their armed forces. Additionally, protected health information may be disclosed to authorized federal officials for national security and intelligence purposes, including the provision of protective services for the President or other individuals legally entitled to such protections.

10. **Victims of abuse, Neglect, or Domestic Violence:** In specific circumstances, we may disclose protected health information to authorized government agencies regarding individuals who are victims of abuse, neglect, or domestic violence, as permitted or required by law.
11. **Emergencies:** In situations where an individual is incapacitated, unavailable, or facing an emergency, providers may use or disclose protected health information if, in their professional judgment, doing so is deemed to be in the individual's best interests.
12. **Public Health Activities**: We may disclose protected health information to public health authorities authorized by law to collect or receive such information for the prevention or control of disease, injury, or disability, and to public health or other government authorities authorized to receive reports of child abuse and neglect
13. **Health Oversight Activities:** We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
14. **Serious Threat to Health or Safety**: We may disclose you PHI when necessary to prevent or lessen a serious and imminent threat to an individual or the public, provided such disclosure is made to someone deemed capable of preventing or lessening the threat.
15. **For Notification and Other Purposes**: PHI may be disclosed, with the individual's informal permission, to family members, relatives, friends, or others identified by the individual, when the information is directly relevant to that person's involvement in the individual's care or payment for care.
16. **Incidental Use and Disclosure**: The Privacy Rule does not require the elimination of every risk associated with incidental uses or disclosures of protected health information. A use or disclosure that occurs as a result of, or incident to, an otherwise permitted use or disclosure is allowed, provided that reasonable safeguards, as mandated by the Privacy Rule, are in place and that the information shared is limited to the "minimum necessary" standard.
17. **Workers' Compensation**: We may disclose PHI as authorized by, and to comply with, workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
18. **Appointment Reminders and Sign-In Sheet**: We may use and disclose medical information to contact you for appointment reminders. If you are unavailable, this information may be left on your answering machine or with the person who answers your phone. Additionally, we may use and disclose medical information by having you sign in upon arrival at our office and by calling your name when we are ready to see you.
19. **Change of Ownership**: In the event that this medical practice is sold or merged with another organization, your health information and records will become the property of the new owner. However, you retain the right to request that copies of your health information be transferred to another physician or medical group.
20. **Breach Notification**: In the event of a breach of unsecured protected health information, we will notify you as required by law. If a current email address has been provided, we may use email to communicate information regarding the breach. In certain circumstances, our business associate may issue the notification. Additionally, we may provide notification through other appropriate methods.
21. **Sale of Health Information:** We will not sell your health information.

Uses and Disclosures Which Require Your Authorization

1. **Medical Research:** Research: We may disclose your protected health information for the purpose of clinical research only when you have provided authorization.

2. **Marketing:** Marketing refers to the communication of information regarding a product or service. To enable us or any of our third-party affiliates to contact you for marketing purposes, your written authorization will be required to either opt-in or opt-out.
3. **Fundraising:** We do not fundraise

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. **Patient Authorization**: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization in writing at any time, except to the extent that your physician or our practice has already acted in reliance on the authorization.
2. **Access**: You are entitled to inspect and obtain copies of your health information, with certain exceptions. To do so, submit a written request specifying the information you wish to access, whether you prefer to inspect it or receive a copy, and, if a copy is requested, your preferred format. If your requested format is not readily available, we will do our best to provide an alternative that meets your request. We will also send copies to a designated individual upon your written authorization. A reasonable fee will be charged to cover the costs of labor, materials, postage, and, if requested, an explanation or summary, as permitted by federal and California law. Under certain circumstances, your request may be denied.
3. **Amendment:** If you believe your health information is inaccurate or incomplete, you may request an amendment. You may submit a written request detailing the reasons for your amendment. While we are not obligated to make changes, we will notify you if your request is denied and explain your rights to contest the decision. If your request is denied, you may submit a written statement of disagreement, which will be maintained in your records alongside any related correspondence.
4. **Restriction of your Protected Health Information:** You have the right to request restrictions on specific uses and disclosures of your health information. To exercise this right, submit a written request detailing the information you wish to limit and the desired restrictions on its use or disclosure. If you instruct us not to disclose information to your commercial health plan about healthcare items or services that you have paid for in full out-of-pocket, we will honor your request unless disclosure is required for treatment or legal purposes. For all other requests, we reserve the right to approve or deny them and will notify you of our decision accordingly.
5. **Request to receive confidential information by alternate means:** We are committed to accommodating reasonable requests to receive communications by alternative means or at alternative locations. To facilitate this, we may ask for information regarding payment arrangements or the specification of an alternative address or preferred contact method. However, we will not require you to provide an explanation for the basis of your request. To initiate this process, please submit your request in writing to the privacy officer listed at the end of this document.
6. **Accounting Disclosures:** You have a right to receive an accounting of disclosures of your health information made by our medical practice. We do not have to account for the disclosures provided to you or pursuant to your written authorization, or those as described above for purposes such as treatment, payment, or healthcare operations; to the individual or their personal representative; for notifying persons involved in the individual's care or payment, disaster relief efforts, or inclusion in facility directories; pursuant to an authorization; involving a limited data set; for national security or intelligence activities; to correctional institutions or law

enforcement officials for specific circumstances involving inmates or individuals in lawful custody; or as incidental to other permitted or required uses or disclosures.

7. You have the right to obtain a copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Amendments to this notice of Privacy:

We reserve the right to modify our privacy practices and the terms outlined in this Notice of Privacy Practices at any time, as permitted by law. Until such modifications are made, we will comply with the terms of this current Notice. Once revised, the updated Notice of Privacy Practices will apply to all protected health information in our possession, regardless of when it was created or received. The most current version of this Notice will be prominently displayed in our reception area and will be accessible on our website at www.centralvalleyskin.com

Concerns or Complaints Regarding the Use of Your PHI

If you have concerns or wish to file a complaint regarding the use of your PHI by this office, please contact the Privacy Officer (listed below). All complaints must be submitted in writing within 180 days of when you became aware or should have become aware of the suspected violation. We are committed to maintaining a non-retaliatory environment, and you will not be penalized in any way for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/ for more information.

Privacy Officer: Amin Esfahani, MD
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