

### **Notice of Patient Information Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY

We are required by law to protect the privacy of your personal health information (PHI), provide this notice about our information practices, and follow the information practices that are described herein.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

The office uses your personal health information (PHI) primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, we may use your PHI to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be interest to you.

The office may also use or disclose your PHI without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, the office's policy is to obtain your written authorization before disclosing your PHI. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

The office may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you or on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

#### **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right a list of instances where we have disclosed your PHI for reasons other than treatment, payment of other related administrative purposes.

You may also request in writing that we may not use or disclose your PHI for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law in emergency



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circumstances. The office will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

**CONCERNS AND COMPLAINTS**

If you are concerned that the office may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your PHI, please contact our practice manager at the address above. You may also send a written complaint to the US Department of Health and Human Service. For further information on the office’s health information practices or if you have a complaint, please contact the following person:

**OPERATIONS MANAGER**

**EFF. DATE: April 30, 2003**

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Patient/Guardian Signature & Date