

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

At **The Office of Dr Matthew Siedhoff**, we're committed to making your care experience smooth, supportive, and centered around you — and that starts with protecting your privacy. Below is our full Privacy Notice, so you know exactly how your information is handled with care.

**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.**

Our Pledge Regarding Medical Information

We understand that your medical information is personal. We are committed to protecting the privacy of your health information. This Notice applies to all of the records of your care generated by this practice.

How we may use and share your medical information

We may use and share your health information:

- For Treatment: To provide, coordinate, or manage your care with other providers.
- For Payment: To bill and collect payment from health plans or other entities.
- For Health Care Operations: For quality assessment, licensing, audits, and training.

Other permitted uses and disclosures include:

- Required by law
- Public health activities (e.g., reporting disease)
- Health oversight activities
- Lawsuits and legal actions
- Law enforcement
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Research (under certain conditions)
- To avert serious threat to health or safety
- Workers' compensation
- National security and military

We will not use or disclose your PHI for marketing, sales, or fundraising purposes without your written authorization.

Your rights regarding your medical information

You have the right to:

- Get a copy of your medical record (electronic or paper)
- Request corrections to your record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

To exercise these rights, contact our Privacy Officer listed below.

Our responsibilities

- We are required by law to maintain the privacy of your medical information.
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this Notice.
- We will not share your information other than as described here unless you tell us we can in writing.

Health Information Exchange (HIE) Notice

Our practice participates in secure health information exchanges (HIEs), including the Carequality network. These networks allow us to securely access and share your health information with other authorized healthcare providers for purposes of treatment, payment, and healthcare operations. Participation is voluntary and helps ensure safe, coordinated care. If you prefer, you may opt out as described below.

California Privacy Rights

Under California law (CMIA), you may have additional rights concerning how your medical information is handled. We will comply with all applicable California laws.

Changes to this notice

We reserve the right to change this Notice and the revised Notice will apply to information we already have and any new information we receive in the future. The new Notice will be available upon request and posted in our office and on our website.

Questions or complaints

If you have any questions or believe your privacy rights have been violated, contact our Privacy Officer:

Richard Rankin
The Office of Dr Matthew Siedhoff
(310) 997-4884
450 N Roxbury Dr, Suite 101
Beverly Hills, CA 90210
info@drmatthewsiedhoff.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at <https://www.hhs.gov/ocr/privacy/hipaa/complaints>. We will not retaliate for filing a complaint.

FOR OFFICE USE ONLY

- ☐ Patient, parent or authorized representative signed the acknowledgment above.
- ☐ Patient, parent or authorized representative did NOT sign.

Staff Name or Initials:
Date:
Reason acknowledgment was not obtained: