

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.**

1. Your Information

Each time you have a visit with one of our physicians or other healthcare practitioners, we make a record of your visit. Typically, this record contains your symptoms, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all the records of your care generated or received by Pair Team Medical Group of California, P.C. and/or Pair Team Medical Group, P.A. (“**Pair Team**”).

2. Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

- **Treatment.** We can use your health information and share it with other professionals who are treating you or supervising your treating professional.
- **Running our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Billing for our services.** We can use and share your health information to bill and get payment from health plans or other entities for services we provided.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

- **To help with public health and safety issues.** We can share health information about you for certain situations, including, but not limited to, preventing disease, reporting suspected abuse, neglect, or domestic violence, and/or preventing or reducing a serious threat to anyone’s health or safety.
- **To conduct research.** We can use or share your information for health research.
- **To comply with the law.** We will share information about you if state or federal laws require it.
- **To respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

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- **For work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **To address workers' compensation, law enforcement, and other government requests.**
- **To respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

WE NEVER MARKET OR SELL PERSONAL INFORMATION

3. Our Responsibilities

- We are required by law to maintain the privacy and security of your health records.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- In certain circumstances, we may be required by law to ask you to sign a written authorization form should we need to release your health records to certain third parties.

4. Your Choices

You may request the following from us:

- **A paper or electronic copy of your medical record.** You can ask to see or get a paper or electronic copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, as expeditiously as possible.
- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.
- **Confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

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- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or our operations. Additionally, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of our operations with your health insurer.
- **A list of those with whom we have shared information.** You can ask for a list (accounting) of the times we have shared your health information for 6 years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **A copy of this privacy notice.** You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us using the information below:

Pair Team

Attention: Pair Team
2261 Market Street STE 10011,
San Francisco, CA 94114-1612
Phone: 707-207-6571

If we are unable to satisfactorily resolve your concern, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

- **For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have the choice to tell us to: (i) Share information with your family, close friends, or others involved in your care; (ii) Share information in a disaster relief situation; and/or (iii) Include your information in a hospital directory.

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If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, we never share your information unless you give us written permission: (i) Marketing to you; (ii) Sale for your information; and (iii) Most sharing of psychotherapy notes.

- **In the case of fundraising**, we may contact you for fundraising efforts, but you can tell us not to contact you again.

5. **Notice of Record Retention.** With certain limited exceptions, we are required by state Board of Medicine regulations to retain your health records for a minimum of **10** years following your last encounter with a **Pair Team Medical Group of California, P.C.** provider.

6. **Record Destruction.** Your records will only be destroyed in a manner that protects your confidentiality, such as by incineration or shredding.

7. **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office. If you have any questions, you can contact us at the address below:

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