Newport Coast Physical Wellness

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.

Our responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI), to give you this notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

How we use and disclose your information

Treatment

We use and share your information with the physicians, therapists and other professionals involved in your care — for example, sharing therapy progress with your referring physician.

Payment

We use and share your information to bill and get payment from health plans, Medicare or other entities.

Health care operations

We use and share your information to run our practice, improve your care and contact you when necessary — for example, appointment reminders.

Other ways we may share your information

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good — only after meeting many conditions in the law:

As required by law

When federal, state or local law requires it.

Public health and safety

Such as preventing disease, reporting adverse reactions to medications, reporting suspected abuse or neglect, or preventing a serious threat to health or safety.

Health oversight and research

To agencies for activities authorized by law, and for approved health research.

Legal and government requests

In response to a court or administrative order or subpoena, for workers' compensation claims, for law enforcement purposes, and for special government functions.

Coroners, funeral directors and organ donation

As permitted by law.

Uses that require your written authorization

We will never use or share your information for marketing purposes or sell your information without your written permission. Most sharing of psychotherapy notes also requires your authorization.

Your rights

Get a copy of your health record

You can ask to see or get an electronic or paper copy of your medical record. We will provide a copy or summary, usually within 30 days, and may charge a reasonable, cost-based fee.

Ask us to correct your record

You can ask us to correct information you think is incorrect or incomplete. We may say no, but we will tell you why in writing.

Request confidential communications

You can ask us to contact you in a specific way (for example, a home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

You can ask us not to use or share certain information. If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer.

Get a list of those we've shared information with

You can ask for an accounting of certain disclosures we've made in the six years prior to your request.

Get a copy of this notice

You can ask for a paper copy of this notice at any time.

Choose someone to act for you

If someone has medical power of attorney or is your legal guardian, that person can exercise your rights.

Your choices

You have the right to tell us whether we may share information with family, close friends or others involved in your care, or in a disaster-relief situation. If you are not able to tell us your preference — for example, if you are unconscious — we may share your information if we believe it is in your best interest.

California law

California law, including the Confidentiality of Medical Information Act, may provide additional protections for certain information.

Changes to 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 and on our website.

Questions & complaints

If you have questions or feel your rights have been violated, contact our office:

Newport Coast Physical Wellness
280 Newport Center Drive, Suite 100, Newport Beach, CA 92660
949.868.3341

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing 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.