



**IDEAL Gastro**  
ASSOCIATES

## **IDEAL Gastro Associates**

1310 San Bernardino Road Ste 103 Upland, Ca 91786

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### **Notice of Privacy Practices**

#### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get and electronic or paper copy of your medical record**

-You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do that.

-We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

-You can ask us to correct health information about you that you think is correct 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.

### **Request 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.

### **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.

-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 purpose of payment or our operations with your health insurer.

We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

-You can ask for a list (accounting) of the times we’ve shared your health information for six 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 healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

-You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. 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 makes choices about your health information.

## **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 on the back page.

-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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

-We will not retaliate against you for filing a complaint.

## **Your Choices**

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 both the right and the choice to tell us to:**

-Share information with your family, close friends, or others involved in your care.

-Share information in a disaster relief situation.

-Include your information in a hospital directory

*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 these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- 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.

## **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.

### **Treat you**

-We can use your health information and share it with other professionals - who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

-We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

-We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

## **Our Uses and Disclosures**

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 the purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## **Help with public health and safety issues**

-We can share health information about you for certain situations such as:

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

## **Do Research**

-We can use or share your information for health research

## **Comply with the law**

-We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

## **Respond to organ and tissue donation requests**

-We can share health information about you with organ procurement organizations.

## **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.

## **Address workers' compensation, law enforcement and other government requests**

-We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services.

### **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.