



Brian M. Chesnie, M.D., Inc.  
**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.

In accordance with the Health Insurance Portability and Accountability Act, we are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information as we also describe them in this notice. If you have any questions about this notice, please contact our Privacy & Security Officer, Vicky Chesnie, at [chesniemd@yahoo.com](mailto:chesniemd@yahoo.com) or (949) 574-4953

### **HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided examples for each category. We assure you that all of the ways we are permitted to use and disclose your health information will fall into one of these categories.

**TREATMENT:** We use medical information about you to provide your medical care including medication reconciliation with pharmacy portals. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others



Brian M. Chesnie, M.D., Inc.  
**NOTICE OF PRIVACY PRACTICES**

who can help you when you are sick or injured.

**PAYMENT:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

**HEALTH CARE OPERATIONS:** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also obtain your prescription history for medication reconciliation purposes. We also share your medical information with our “business

associates” such as our billing service, Total Billing and Consulting, that perform administrative services for us. We have contracts with each of these associates that contains terms requiring them to protect information which is disclosed to someone other than another healthcare provider, health plan, or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We will also obtain records such as labs and/or hospital notes on you from the Hoag Hospital Health Information Exchange portal as necessary.

**APPOINTMENT REMINDERS:** We may use and disclose medical information to contact and remind you about appointments. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**SIGN IN SHEET:** We may use and disclose medical information by having you sign in when you arrive at our office. We will also call out your name when we are ready to see you.



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**NOTICE OF PRIVACY PRACTICES**

**NOTIFICATION AND COMMUNICATION WITH**

**FAMILY:** We may use and disclose your medical information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object by prior to making these disclosures unless we believe it is necessary to respond to emergency circumstances. If you are unable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**MARKETING:** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health

related benefits. We will not use or disclose your medical information for marketing purposes without your written authorization.

**REQUIRED BY LAW:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

**PUBLIC HEALTH:** We are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing and controlling disease, injury or disability, reporting child or elder abuse/neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure. If we need to report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we



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**NOTICE OF PRIVACY PRACTICES**

believe the notification would place you at risk or serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**HEALTH OVERSIGHT**

**ACTIVITIES:** We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings subject to the limitation imposed by the federal and California law.

**JUDICIAL AND ADMINISTRATIVE**

**PROCEEDINGS:** We may- and are sometimes required by law- to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**LAW ENFORCEMENT:** We may, and are sometimes required by law to

disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**CORONERS:** We may, and are sometimes required by law to disclose your health information to coroners in connection with their investigation of deaths.

**ORGAN OR TISSUE DONATION:**

We may disclose your health information to organizations involved in procuring, anking or transplanting organs and tissues.

**PUBLIC SAFETY:** We may and are sometimes required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public. For example, if you have fainted behind the wheel of a car, this would need to be reported to the DMV.

**SPECIALIZED GOVERNMENT**

**FUNCTIONS:** We may disclose your health information for military or



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**NOTICE OF PRIVACY PRACTICES**

national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**WORKER'S COMPENSATION:**

We may disclose your health information as necessary to comply with workers compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**CHANGE OF OWNERSHIP:** In the event that this medical practice is sold or merged with another organization, your health information/record will become property of the new owner, although you will maintain the right to request that copies of your health information to be transferred to another physician or medical group.

**RESEARCH:** We may disclose your health information to the researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy

board, in compliance with governing law.

**WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in the Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. You may revoke your authorization in writing at any time.

**CHANGE OF OWNERSHIP:** In the event that this medical practice is sold or merged with another organization, our patients' information/record will become the property of the new owner, although our patients will maintain the right to request that copies of their health information be transferred to another physician or group.

**BREACH OF NOTIFICATION:** In the case of a breach of unsecured protected health information, we will notify our patients as required by law. If they have provided us with a current email address, we may use email to communicate the information related to the breach. In some



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**NOTICE OF PRIVACY PRACTICES**

circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**YOUR HEALTH INFORMATION RIGHTS**

**RIGHT TO REQUEST SPECIAL PRIVACY PROTECTIONS:**

You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all requests submitted in writing which specify how or where you wish to receive these communications. **If you wish email notifications, this must be done through a secure server and you must accept access into our secure**

**portal through our electronic medical record system, Dr. Chrono, and create an account. Not only does this allow you access to your protected health information, it allows for secure email notification and transfer of your protected information.**

**RIGHT TO INSPECT AND COPY:**

You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must either submit a written request or **you must accept access into our secure portal through our electronic medical record system, Dr. Chrono, and create an account. This will allow you access to your PHI.** A fee of \$ 45.00 will be charged, as allowed by California and Federal law, for the copy and mailing of your records at your request. We may deny your request under limited circumstances if we suspect that such a request would be harmful.

**RIGHT TO AMEND OR SUPPLEMENT**

You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you



Brian M. Chesnie, M.D., Inc.  
**NOTICE OF PRIVACY PRACTICES**

believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information, or if the information we feel is complete and accurate as is. You have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incorrect or incomplete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:**

You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization or as described in paragraphs 1 (treatment), 2 (payment), 3 (healthcare operations), 6 (notification and communication with family), and 16 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are

incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

**Right to Paper Copy of Notice of Privacy Practices:**

Our patient have a right to notices of our legal duties and privacy practices with respect to their health information, including a right to a paper copy of this Notice of Privacy Practices, even if they have previously requested its receipt by email. If we have a website, we must post our current Notice of Privacy Practices on our website.

**CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the



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**NOTICE OF PRIVACY PRACTICES**

current notice posted in our reception area, and a copy will be available at each appointment.

**COMPLAINTS:**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer.

If you are not satisfied with the manner in which this office handle a complain, you may submit a formal complaint to:

Region IX  
Office of Civil Rights  
U.S. Department of Health & Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
(800) 368-1019; (800) 537-7697  
Fax (415) 437-8329  
OCRMail@hhs.gov