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Notice of Privacy Practices

Effective Date: July 2025

This Notice describes how your health information may be used and disclosed and how you can access this information. Please read it carefully.

A. Our Commitment to Your Privacy

Dr. Melissa Przeklasa Auth, M.D. is committed to protecting your health information. This notice outlines our legal duties and privacy practices regarding your protected health information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws. We are required to:

- Maintain the privacy of your PHI
- Provide this notice of our legal duties and privacy practices
- Follow the terms of this notice currently in effect

This notice applies to all records of your care generated by our practice. We reserve the right to revise this notice and will make any updates available in our office and on our website.

B. Contact Information

Office Manager

30131 Town Center Drive, Suite #237
Laguna Niguel, CA 92677
(949) 495-6100

C. How We May Use and Disclose Your PHI

1. Treatment

We use your PHI to provide and coordinate your healthcare. This may include sharing information with other healthcare providers, labs, or pharmacies involved in your care.

2. Payment

We may use your PHI to obtain payment for services from you, an insurance company, or a third party. This may involve verifying coverage or submitting claims.

3. Healthcare Operations

We use your PHI to assess and improve our services, conduct training, perform audits, and for other business-related activities.

4. Appointment Reminders and Health Information

We may use your information to contact you about appointments or health-related benefits and services.

5. As Required by Law

We will use and disclose your PHI when required by federal, state, or local law.

D. Special Circumstances for Disclosure

We may also use or disclose your PHI in specific cases such as:

- **Public Health Activities**
- **Health Oversight Activities**
- **Legal Proceedings and Law Enforcement**
- **Research (under strict review board standards)**
- **To Avert Serious Threats to Health or Safety**
- **Military and National Security Activities**
- **Workers' Compensation Claims**

E. Your Rights Regarding Your PHI

1. Confidential Communication

You may request that we contact you in a specific way (e.g., at work or by mail). Requests must be made in writing.

2. Restricting Uses and Disclosures

You have the right to request limits on how we use or disclose your PHI. We are not required to agree but will comply with accepted requests.

3. Access to PHI

You have the right to inspect and obtain copies of your PHI, with certain exceptions. Requests must be submitted in writing.

4. Requesting Amendments

If you believe your PHI is incorrect, you may request an amendment in writing, explaining your reasons.

5. Receiving This Notice

You may request a paper copy of this notice at any time.

6. Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

7. Authorizations

Any uses or disclosures not described in this notice will be made only with your written authorization, which you may revoke at any time.

For questions or to exercise any of your rights, please contact the Office Manager at the address and number provided above.

This notice replaces all previous versions. Please retain a copy for your records.