

Notice of Privacy Practices

Introduction

This document outlines the ways in which Coachella Valley Anesthesia may use and share your protected health information (PHI) for treatment, billing, or operational purposes, as well as other scenarios where use or disclosure is permitted or mandated by law. It also details your rights to manage and access your PHI. "Protected health information" refers to data that can identify you and is related to your past, present, or future physical or mental health or care.

Our Obligations

Coachella Valley Anesthesia is committed to:

Safeguarding the confidentiality of your PHI.

Providing you with this notice regarding our duties and practices concerning your PHI.

Adhering to the policies currently in place.

Please note that we reserve the right to modify the terms of this notice at any time, and any such changes will apply to all PHI we hold. You can obtain the most current version of this notice by contacting our office.

Usage and Disclosure of Your PHI

For Treatment Purposes: Your PHI may be shared with doctors or other medical professionals who are involved in your care, to ensure that they have all necessary information for your treatment and services.

For Payment: We may use your PHI to process payments for the medical services you receive.

For Healthcare Operations: Your PHI can be used for operational purposes, such as improving quality care or for educational purposes.

We may also use your PHI for appointment reminders, to suggest treatment alternatives, and to inform you about health-related benefits or services that may interest you.

Your Rights

This section summarizes your rights regarding your PHI and how you may exercise them:

You have the right to request access to and copies of your PHI.

You can ask for restrictions on the use and disclosure of your PHI.

You may request confidential communication methods.

You have the right to ask for amendments to your PHI.

You can request an accounting of certain disclosures of your PHI.

You are entitled to receive a copy of this notice at any time.

You have the right to be notified in the event of a breach involving your PHI.

Changes to This Notice

We can change the terms of this notice, and such changes will apply to all information we have about you. The new notice will be available upon request.

Complaints and Contacts

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We ensure that there will be no retaliation for filing a complaint. For further information or to file a complaint, please contact us at info@cvanes.com.