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Medicine

*Diplomate, American Board
of Physical Medicine
& Rehabilitation*

*Subspecialties in Sports Medicine
& Pain Medicine*

*Diplomate, American Board of
Electrodiagnostic*

Notice of Privacy Practices

This notification describes how your medical information may be used and disclosed. It also describes methods to access this information. Please review this carefully. Please contact us if you have any questions.

Dr. Scott and medical office employees are required to follow this notice. Contracted health plans and health care delivery organizations that may share information for the purposes of treatment, payment, or clinical operations described in this notice.

Your medical information is personal. We are committed to protecting this information. We create records of the care and services that you received at our clinic as is necessary to provide you with quality care to comply with all regulations.

We are required by law to provide the following:

To make certain that the medical information that identifies you remains private.
To provide you this notice of our legal obligations and privacy practices as they pertain to your medical information.

Following describes how we may use your health information:

For treatment:

We may use your medical information to provide you with medical services or treatment. We may disclose your medical information to physicians, nurses, medical assistants, or other clinical personnel who are involved in your care. We may also disclose your medical information to personnel outside our clinic who may be involved in your medical care after you leave our clinic, such as family members or other designated caregivers who we may use to provide services that are part of your care.

For payment:

We may use and disclose your medical information to billing collect payment from insurance company, third party, or from you. For example, we may be required to provide your health plan with information about a service we provided, so that we can create a bill and receive proper reimbursement for the service. We may be required to inform your health plan about a recommended treatment to obtain prior approval and/or to determine if the recommended treatment is covered by your health care plan. Your health information may be used to seek payment from other sources of coverage such as credit card companies that you may use to pay for services.

For healthcare operations:

Your health information may be used as necessary to support the day-to-day activities and management of the medical office and to make sure that you receive quality care. May use your health information to evaluate the performance of our staff in caring for you or in helping us decide what services we should offer and how we can improve your level of care and service.

Appointment reminders:

May use and disclose medical information to contact you as a reminder of your appointment for treatment or medical care.

Individuals involved in your care for payment for your care:

We may release your medical information to a friend or family member who was involved in your medical care. We may also give information to someone who helps pay for your care.

As required by law:

We will disclose your medical information when required to do so by a federal, state, or local law. Your health information may be disclosed in response to a court or administrative order

Your health information may be disclosed to local law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with all government mandating reporting.

Your health information may be disclosed to public health agencies as required by law. We may disclose medical information for public health activities. These activities generally include the following: To prevent or control disease, injury, or disability. To report births and deaths. To report the abuse and neglect of children, elders, and dependent adults. To report reactions to medications or problems with products. To notify people of recalls of the products that they may be using. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. To notify the appropriate government authorities if we believe that the patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure with your agreement or when authorized to do so by law.

To avert a serious threat to health or safety:

We may disclose your medical information when necessary to prevent a serious threat to your health and safety, or to the health and safety of another person, or of the public. This information would only be disclosed to an entity that would be able to prevent the threat.

Organ and tissue donation:

For organ donors, we may release medical information to organizations that handle organ procurement, or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and military veterans:

If you are or have been a member of the Armed Forces, we may release your medical information as required by military command authorities. We may also release of medical information about foreign and military personnel to the appropriate foreign military authority.

Worker's Compensation:

We may release your medical information for Worker's Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health oversight activities:

We may disclose medical information to a health oversight agency for activities authorized by law. These might include audits, medications, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, or compliance with the civil rights laws.

Lawsuits and disputes:

If you are involved in a lawsuit or dispute, we may disclosure medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by another party in the dispute, and less we have a prior legally valid order prohibiting the release of such information.

Law enforcement:

We may release your medical information to a law enforcement official if asked to do so in response to a court order, subpoena, warrant, Simmons, or similar process. We may release your medical information to a law enforcement official to identify the located suspect, fugitive, material witness, or missing person. We may release your medical information about the victim of crime if, under certain limited circumstances, we are unable to obtain the person's agreement. We may release your medical information about the death that we believe may be the result of a criminal conduct or about criminal conduct at the clinic, and in emergency circumstances to report a crime, the location of the crime, the location of the victims, or the identity, description, or location of the person who committed the crime.

Coroners, medical examiners and funeral directors:

Release of your medical information may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about patient's to funeral directors as necessary to carry out their duties.

National security and intelligence activities:

We may release your medical information to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

Inmates: If you are an inmate of the correctional institute or under law enforcement custody, we may release your medical information to the correctional institute or law enforcement official so that the institution is able to provide you with health care, to

protect your health and safety, to protect the health and safety of others, or for the safety and security of the correctional institution.

Your rights regarding your medical information

You have the following rights regarding your medical information:

The right to inspect in copy medical information that may be used to make decisions about your care. Typically, this includes medical records and billing records, but exclude some mental health information.

We may charge of fee for the costs of copying, mailing, or supplies associated with your request for information.

We may deny your request to inspect in copy records in certain limited circumstances. The release of some information, such as mental health records, may be subject to special state and federal requirements to which we must comply.

You have the right to request an amendment of medical information if you feel that the information we have is incorrect or incomplete. You have the right to submit a request for an amendment as long as the information is kept by or for this clinic. To request an amendment, your request must be made in writing and submitted to our office, and you must provide a reason that supports your request. We may deny your request for an amendment if it is not presented in writing, and it does not include a reason to support the request. We may deny your request for an amendment of information if you ask us to amend information that: 1. was not created by us, unless the person or entity that created the information is no longer available to make the amendment. 2. Is not part of the medical information kept by or for the clinic. 3. Is not part of the information which you would be permitted to inspect in copy. 4. Is accurate and complete.

You have the right to request a restriction or limitation on your medical information that we use or disclose for treatment, payment, or healthcare operations. You also have the right to request to limit on the medical information we disclose to someone who was involved in your care with a payment of your care. For example, you can ask that we not disclose or use information about a procedure you had. We are not required to agree to your request but if we do so, we will comply with request unless the information is needed to provide you with emergency treatment. To request restrictions, you must prepare your request in writing and present it to our office. The request must state exactly what information you wish to limit, whether you want to limit our use, our disclosure, or both, and to whom you wish to apply these limits.

You have the right to request confidential communications. You have the right to request that we communicate with you regarding your medical information in a specific way or at a specific location. For example, you can request that we only contact you by mail. To request such confident communications, you must make your request in writing. We will accommodate all reasonable requests.

You have the right to a paper copy of this notice. You have the right to request a paper copy of this notice. You may ask us to provide you with this copy at any time.

Robert E. Scott, MD, Inc, APMC

DATE: January 1, 2022

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We reserve the right to change this notice and to make any revised notice effective for medical information we already retain as well as any information we may receive in the future. We will post a copy of the current notice in the clinic, with the effective date on the first page.

Complaints

If you believe that your privacy rights have been violated, you may file complaint with the clinic with the appropriate government agencies. To file complaint with the clinic please present your complaint in writing.

Other uses of medical information

Uses and disclosures of medical information not covered by this notice of the laws that applied us will be made only with your written permission. If you provided us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use were disclose your medical information for the reasons covered by a written authorization. You understand that we are unable to take back the disclosures that we have already made with your permission, and that we are required to retain the records of the care that we provided to you.