

HIPAA Privacy Practices Agreement

Effective Date: 10/23/23

Provider Name: Menopause, Medicine and Mindset by Kudzai Dombo, MD Inc

Provider Address: 4400 W Riverside Dve Suite 110

City, State, Zip Code: Burbank, CA 91505

Phone: (818)-208-6524

Email: dombokr@menopausemedicineandmindset.com

Introduction

This Privacy Practices Agreement outlines the policies and procedures that Kudzai Dombo, MD Inc ("the Provider") follows to safeguard the privacy of protected health information (PHI) and comply with the Health Insurance Portability and Accountability Act (HIPAA). This agreement applies to all PHI collected, used, maintained, or disclosed by the Provider.

Patient Rights

Patients have the following rights regarding their PHI:

1. **Right to Access:** Patients have the right to access their PHI upon request. The Provider may charge a reasonable fee for the cost of providing the records.
2. **Right to Amend:** Patients may request corrections or amendments to their PHI if they believe the information is inaccurate or incomplete.
3. **Right to an Accounting of Disclosures:** Patients have the right to receive a record of disclosures of their PHI.
4. **Right to Request Restrictions:** Patients may request restrictions on how their PHI is used or disclosed. The Provider may deny a restriction request if it is unreasonable or does not interfere with treatment.
5. **Right to Confidential Communications:** Patients can request confidential communication methods, such as contacting them at a specific phone number or address.

Use and Disclosure of PHI

The Provider will use and disclose PHI for the following purposes:

1. **Treatment:** PHI may be used and disclosed for treatment purposes. This includes sharing information with other healthcare professionals involved in patient care.
2. **Payment:** PHI may be used and disclosed for billing and payment purposes.

3. **Healthcare Operations:** PHI may be used for internal operations, such as quality improvement and audits.
4. **Required by Law:** The Provider will disclose PHI when required by law, such as reporting certain diseases to public health authorities.
5. **Authorization:** The Provider will obtain written authorization from patients for uses and disclosures not covered by this agreement.

Security Measures

The Provider maintains physical, technical, and administrative safeguards to protect the confidentiality and integrity of PHI.

Breach Notification

The Provider will notify affected individuals and relevant authorities in the event of a breach of unsecured PHI as required by HIPAA.

Complaints

Patients have the right to file complaints regarding HIPAA compliance with the Provider and the Department of Health and Human Services (HHS).

Contact Information

For questions, concerns, or requests regarding this Privacy Practices Agreement, please contact:

Contact Name: Kudzai Dombo, MD

Contact Phone: (818) 208-6524

Contact Email: dombokr@menopausemedicineandmindset.com

Changes to this Agreement

The Provider may revise this Privacy Practices Agreement as required by law. Patients will be provided with an updated notice when changes occur.
