

Goleta Valley Holistic Health Care

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Notice of Privacy Practices

Effective Date: Nov. 2008

This notice is required by law to inform you of how your health information will be protected and how Goleta Valley Holistic Health Care (GVHHC) may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please call 805 403 2188.

Understanding Your Health Information

Each time you visit GVHHC, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- legal documents of the care you receive
- means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by GVHHC:

1. Obtain a copy of this Notice. You may request a copy of this notice or any revisions from Peter Slaughter at 805 403 2188.
2. Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

3. Access to your health information. You may request a copy of your health information that GVHHC keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.
4. Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing.
5. Request confidential communications. You may request that, when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.
6. Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.
7. Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be available in the GVHHC office and on our website at www.gvhhc.com and.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

GVHHC complies with standards set forth by the Health Insurance Portability and Accountability Act (HIPAA), including those standards that pertain to the secure storage and transfer of physical and electronic medical information. Please see <http://www.hhs.gov/ocr/hipaa/> for more information regarding HIPAA.

Example Uses of Medical Information

We will use your health information to facilitate your medical treatment. For example, information obtained by your healthcare provider during each visit to GVHHC will be recorded in your record and used to determine the course of your medical treatment. This information will be used to determine a treatment plan and assist in establishing a baseline by which your health progress can be assessed.

We will use your health information to collect payment for health care services that we provide. For example, a bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

We will use your health information to notify your family and friends about your condition, for example, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

Examples of Uses and Disclosures for Other Purposes

Appointment Reminders: We may contact you to provide appointment reminders.

Workers compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

To avert a serious threat to health or safety: We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.