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NOTICE OF PRIVACY PRACTICES

Effective date of this notice: 9/1/2010

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your identifiable health information.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your visit.

The terms of this notice apply to all records containing your IIHI that are created or retained in our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. A copy of our current Notice is available upon request and online at drsufen.com.

USE AND DISCLOSES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. These include:

Treatment. We may use and disclose your IIHI to a physician or other healthcare provider providing treatment to you.

Payment. We may use and disclose your IIHI to obtain payment for the services we provide to you.

Healthcare Operations. We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities; reviewing the competence or qualifications of healthcare professionals; evaluating practitioner and provider performance; conducting training programs, accreditation, certification, licensing or credentialing activities.

To Your Family/Friends. We may disclose your IIHI to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only with your permission.

To Persons Involved In Care. We may use or disclose your IIHI to notify (or assist in the notification of) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, you will be given opportunity to object to such uses or disclosures. In the event of your incapacity or in an emergency, we will use our professional judgment to determine the health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services. We will not use your IIHI for marketing without your written authorization.

Required by Law. We may use or disclose your health information when we are required to do so by federal, state, or local law. This could include health oversight activities, public health risks, or upon request of a law enforcement official.

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or custodial law enforcement officials the protected health information of an inmate or patient under certain circumstances.

Appointment Reminders. We may use or disclose your IIHI to provide you with appointment reminders.

PATIENT RIGHTS

You have the following rights regarding the IIHI that we maintain about you:

Access. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing and indicate the format you wish to receive. We will use the format you request unless we cannot practicably do so. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct such reviews.

Confidential Communications. You have the right to request that our practice communicate with you about your health information by alternative means or to alternative locations. (For instance, you may ask that we contact you at work rather than home.) You must make a written request specifying the preferred method of contact, or the location where you wish to be contacted. We will accommodate *reasonable* requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your health information. We are not required to agree to these additional restrictions; however, if we do agree, we are bound by our agreement except in emergencies, when otherwise required by law, or when the information is necessary for treatment. You must make a written request specifying the information you wish restricted, whether you are requesting to limit our practice's use or disclosure or both, and whom you want the limits to apply to.

Disclosure Accounting. You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Amendment. You have the right to request that we amend your health information. You must make a written request indicating the changes and reason for the amendment. We may deny your request under certain circumstances.

Paper Notice. If you receive this notice on our website or by e-mail, you are entitled to receive this notice on paper.

QUESTIONS AND COMPLAINTS

If you have any questions regarding this notice or our health information privacy policies please contact us.

If you believe your privacy rights have been violated or if you disagree with a decision we made about access to your health information, or if you disagree with our response to a request for amendment of these terms, you may file a complaint to the office personnel indicated below. You may also submit a written complaint to the U.S. Department of Health and Human Services and we can provide you with the necessary address upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Jacqueline O'Toole

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