



KAYSE BUDD, MD
Notice Of Privacy Practices



This document is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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 individually identifiable health information.

Please review this notice carefully.

A. Commitment to your privacy:

My practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting business I will create records regarding you and the treatment and services provided to you. My office is required by law to maintain the confidentiality of health information that identifies you. We also are 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 PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by this 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 this practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will have a copy of our current Notice in our at all times, and you may request a copy of our most current Notice at any time.

B. This is a “standard” document with legal-type terminology.

If you have questions about this notice, please speak to me directly, call, or write:

Kayse Budd, MD POB 5005-161 Rancho Santa Fe, CA 92067

Phone: 808-635-9485

Email: mysticmandala@gmail.com

C. We may use and disclose your PHI in the following ways:

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (rare in my practice), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you (only herbal medicines used at this point in my practice). Someone who works for my practice – including, but not limited to, doctors and staff – may use or disclose your PHI in order to treat you or to assist in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents (only with your permission or if you are in danger). Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment (only with your permission).

2. Payment. Our practice theoretically may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.

*(This practice does not currently accept insurance, however, so this point is limited.)

3. Health care operations. Our practice may use your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Treatment options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,

• Reporting reactions to prescription drugs or problems with products or devices,

• Notifying individuals if a product or device they may be using has been recalled,

• Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees (in case of domestic violence) or we are required or authorized by law to disclose this information (elder neglect).

• Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance (not usually something that happens in my practice as I do not accept insurance or disability-related cases).

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. Will give you notice if someone requests info (unless prohibited by law).

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. (I aim for privacy protection in all cases and really would require a court order to release information. Fortunately, this type of need/situation almost never happens.)

4. Law enforcement. We may release PHI if required to do so by a law enforcement official (standard required conditions cited below):

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Deceased patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and tissue donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

(A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;

(B) The research could not practicably be conducted without the waiver,

(C) The research could not practicably be conducted without access to and use of the PHI.

[Presently there are not plans for this office to be involved in any medical research.]

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities.

10. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations. (This has never happened.)

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs. (Generally, I am not involved in workers' comp cases. The level of paperwork, legal involvement, and power over someone's future is not a good fit for me.)

E. Your rights regarding your PHI:

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

1. Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a specific type of confidential communication, you ideally would make a written request to **the practice** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will do our best to accommodate **all** requests. You do not need to give a reason for your request. *We will also do our best to accommodate verbal requests.*

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends.

[Really, this practice is small and private and tries not to share information except when specifically requested or required by law.]

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Kayse Budd, MD, POB 5005-161, Rancho Santa Fe, CA 92067**. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply and for how long.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. Release of psychotherapy notes will be considered on a case-by-case basis, as information in these notes is presented and maintained in such a way to document, discuss, and attempt to understand your (the patient's) psychological functioning. While composed with mindful attention to compassionate professionalism, viewing this information may compromise treatment. You must submit your request in writing to **Kayse Budd, MD** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited and rare circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. We will make every effort to work with you in a fair and just manner regarding your health care information.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice (average 7 years). To request an amendment, your request must be made in writing and submitted to **the practice**. You must provide us with a reason that supports your request for amendment. Our practice may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. Patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Dr. Budd**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. There is a fee for time required in this service.

[Most patient charts in my practice do not have any such disclosures to report.]

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may also choose to forgo the paper copy and ask to review it in the office at any time. You may also ask us to give you a copy at any time.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint **with our practice** or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. We would be grateful, however, if you would please let us know if you have any concerns, so that we may try to rectify or clarify any misunderstandings.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked (by you) at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Kayse Budd, MD 808-635-9485 Thank you!**

Please sign below to indicate your receipt and understanding of these practices:

Signature: _____

Printed name: _____

Date: _____