1. We May Use or Disclose Your Health Information in the Following Ways

We collect health information about you and store it in a chart and electronically. The law permits us to use or disclose your health information in the following ways:

A. Treatment: We may use and disclose your health information for your medical treatment or services. For example, we may use your health information to write a prescription or prescribe a course of treatment. We will record your healthcare information to help in future diagnosing and treatment or to gauge your response to treatment. We may provide your health information to other health providers or to a hospital so that they might treat you effectively.

B. Payment: We may use and disclose your health information so that we may bill and collect payment for our services. For example, if we contact your health insurer to verify your eligibility for benefits, we may need to disclose some details of your medical condition or expected course of treatment. When we use or disclose your information to generate a bill that may be sent to you, your health insurer, or a family member, the bill may include information that identifies you, your diagnosis, procedures performed and supplies used. Also, we may provide health information to assist another health care provider, such as an ambulance company that transported you to our office, in their billing and collection efforts.

C. Health Care Operations. We may use and disclose your health information to assist in the operation of our practice. For example, our staff members may use information in your health record to assess the care and outcomes in your case and others like it so that we may improve the quality and effectiveness of our healthcare and services. We may use and disclose your health information to conduct cost-management and business-planning activities for our practice and our provider network group. We may also provide such information to other health care entities for their health care operations. For example, we may give information to your health insurer for quality review purposes.

D. Medical Residents and Medical Students. Medical residents or medical students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

E. Business Associates. This medical practice sometimes contracts with third-party business associates for services. Examples of those services include appointment scheduling and reminders, answering services, billing services, consultants and legal counsel. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, we require our business associates to safeguard your information.

F. Appointment Scheduling and Reminders. We may use and disclose information in your medical record so that we or a business associate can contact you (through voicemail and email messages, postcards or letters) to schedule appointments with us, other doctors in our network or another provider to whom we are referring you. We or a business associate may also contact you to remind you about appointments. If you do not answer the telephone, we may leave this information on your voice mail or in a message with the person answering the telephone. Our callers will usually make reminder calls to patients at home the day before appointments. You may request that appointments be scheduled or reminder be made only in a certain way or only at a certain place, and we will try to accommodate all reasonable requests.

G. Treatment Options. We may use and disclose your health information in order to inform you of alternative treatments.

H. Release to Family/Friends. Our health professionals, using their professional judgment, may disclose to a family member, other relative, close friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

I. Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your doctor, we may tell you about other products and services that might interest you.

J. Newsletters and Other Communications. We may use your personal information in order to communicate to you through newsletters, mailings, or by other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

K. Disaster Relief. In the event of a disaster, we may disclose your health information to a relief organization to coordinate your care or notify family and friends of your location and condition. We will give you an opportunity to agree or object to such a disclosure whenever we practicably can do so.

L. Marketing. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. We may provide you with promotional gifts of nominal value, however. We will not sell our patient lists or your health information to a third party without your written authorization, in accordance with federal and state laws.

M. Fundraising. We may contact you as part of a fundraising effort relating to the practice.

N. Public Health Activities. We may disclose medical information about you for public health activities. These activities generally include the following:

- licensing and certification carried out by public health authorities;
- prevention or control of disease, injury, or disability;
- reports of births and deaths;
- reports of child abuse or neglect;
- notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notifications to appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure when required by law, or if you agree to the disclosure, or when authorized by law and in our professional judgment, disclosure is required to prevent serious harm.

O. Funeral Directors. We may disclose health information to funeral directors so that they may carry out their duties.

P. Food and Drug Administration (FDA). We may disclose to the FDA and other regulatory agencies of the federal and state government health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing monitoring information to enable product recalls, repairs, or replacement.

Q. Psychotherapy Notes. Under most circumstances, without your written authorization we may not disclose the notes a mental health professional took during a counseling session. We may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law, however.

R. Research. We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.

S. Workers Compensation. We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

T. Law Enforcement. We may release your health information:

- in response to a court order, subpoena, warrant, summons, or similar process if authorized under state or federal law;
- to identify or locate a suspect, fugitive, material witness, or similar person;
- when about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our offices;
- to coroners or medical examiners;
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime;
- to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and
- to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

U. De-identified Information. We may use your health information or disclose it a business associate, to create "de-identified" information – where your identity as the source of the information is removed. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you.

V. Personal Representative. If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

W. HLTV-III Test. If we perform the HLTV-III test on you (to determine if you have been exposed to HIV), we will not disclose the results of the test to anyone but you without your written consent, unless otherwise required by law. We also will not disclose the fact that you have taken the test to anyone without your written consent, unless otherwise required by law.

X. Limited Data Set. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

Y. Judicial and Administrative Proceedings. We may, and sometimes are required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected or a court or administrative order has resolved your objections.

Z. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

2. Authorization for Other Uses of Medical Information

Uses of health information not covered by our most current Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. You may authorize us in writing to use your health information or disclose it to anyone for any purpose. You may revoke your authorization in writing at any time, and we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has the right to contest a claim or the insurance coverage itself. We are unable to take back any disclosures we have already made with your authorization and we are required to retain our records of the care that we provided to you.

3. Your Information Rights

The records concerning the services we provide to you are our property. You have the following rights concerning your information contained within them.

A. Right to Obtain a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically.

B. Right to Inspect and Copy. You have the right to inspect and copy your health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To access your medical information, you must submit a written request to our Privacy Officer detailing what information you want to access and whether you want to inspect or obtain a copy of it. We will supply you with a form for such a request.

We may charge you a reasonable fee to copy your health information, as allowed by California and federal law. We may not charge you a fee if you require your health information for a claim for benefits under the Social Security Act (such as claims for Social Security, Supplemental Security Income, and MassHealth benefits) or any other state or federal needs-based benefit program.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed healthcare professional who was not directly involved in the denial of your request will conduct the review. We will comply with the outcome of the review.

If we maintain your health information in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health record.

C. Right to Amend or Supplement. You have the right to request that we amend your health information that you believe is inaccurate or incomplete, for as long as we retain the information. You must make your request in writing to our Privacy Officer and give us the reasons why you believe the information is inaccurate or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our medical practice;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request to change the information, you have the right to request that we add to your record a statement of up to 250 words about any statement or item you believe is incomplete or incorrect. We will include your statement in your health record, but we may also include a rebuttal statement.

D. Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your health information that we made, upon your written request, so long as it is an accounting that we are required by law to maintain. We are not required to list certain disclosures in your accounting, including:

- disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations, unless the disclosures were made through an electronic health record, in which case you have the right to request an accounting for such disclosures that were made during the previous 3 years;
- disclosures made pursuant to your authorization;
- disclosures made to create a limited data set;
- disclosures made directly to you.

Your request should indicate the form in which you would like the accounting (e.g., paper or electronically by email), and it must state a time period no longer than six years and not before April 14, 2003. The first accounting of disclosures you request within any 12-month period will be free. We may charge you for the reasonable costs of providing the accounting of disclosures for additional requests within the same period, We will notify you of the costs and you may choose to withdraw or modify your request before any costs are incurred. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

E. Right to Request Restrictions. You have the right to request restrictions on the health information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that we not disclose medical information about that item or service to a health plan for purposes of payment or health care operations, and we are required to honor that request. You also have the right to request a limit on the health information we communicate about you to someone who is involved in your care or the payment for your care.

You must request your restrictions in writing to our Privacy Officer and specify: (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; and (c) to whom you want the limits to apply. If we agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. Except as noted above, we reserve the right to accept or reject your request and will notify you of our decision.

F. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

G. Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is health information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the protected health information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in California, we will send notices to prominent media outlets, and we are required to notify the Secretary immediately. We also will submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

4. California Laws. You are entitled to exercise any rights provided to you by California laws that are greater than those described herein. In the event that this Notice does not reference those greater rights, they shall be deemed incorporated into this Notice and will be afforded to you.

5. Complaints. You should direct any complaints you may have about this Notice or any beliefs you may have that your privacy rights have been violated, to our Privacy Officer at the address listed above. You also may submit a formal complaint to: the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information.

You will not be penalized for filing a complaint.

If you have any questions about this Notice, please contact:

Coastal Pulmonary Associates
Paula Slusar
326 Santa Fe Dr Suite 100
Encinitas, CA 92024
Ph. 760-230-8994 Fax. 760-944-1309
Paula.Slusar@coastalpulmonary.com

Notice of Privacy Practices

Dr. Sieu Truong M.D.
Dr. Samina Makani M.D.
477 N. El Camino Real, Suite C304
Encinitas, CA 92024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOUCAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

Dr. Samina Makani, Dr. Sieu Truong and **Coastal Pulmonary Associates** are committed to preserving the privacy and confidentiality of your health information. We make a record of the medical care we provide you and may receive such records from others. We use these records to provide, or enable other health care provider to provide medical care to you. We also use these records to obtain payment for our services as allowed by your health plan or insurer and to operate this medical practice in accordance with our professional and legal obligations. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices regarding your protected health information. This Notice describes how we may use and disclose your medical information that we create or retain. It also describes your rights and our legal duties with respect to your medical information. We are bound to follow the privacy practices that are described in this Notice from its effective date, until we replace it.