

**Internal Medicine Associates of San Mateo  
100 S. Ellsworth Ave Ste 700  
San Mateo, CA 94401  
650-347-0063**

**NOTICE OF PRIVACY PRACTICES**

At Internal Medicine Associates of San Mateo, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information.

We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any issues or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

IF we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact your Physician within our practice.

**CONTINUED** 

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**NOTICE OF PRIVACY PRACTICES ADDENDUM  
Effective September 23, 2013**

Per the Health Insurance Portability and Accountability Act also known as HIPPA as of September 23, 2013:

- (1) We are to notify you in writing if and when a breach in your protected health or personal information occurs.
- (2) You can opt out of us releasing any of your information for fundraising reasons.
- (3) If you pay out of pocket for an office service (ie. office visit, physical, follow-up, etc.) you may request in writing that we cannot release details of that service to any insurance company. The written request must state what information is restricted and what specific insurance company is not to receive it.

This notice goes into effect upon receipt.

**Acknowledgement**

**I have read and received a copy at my request of Internal Medicine Associates of San Mateo Notice of Privacy Practices Notice and Addendum.**

**Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**If signing as a parent or guardian, please note the name of the patient** \_\_\_\_\_