



HealthWorks

www.healthworksgcc.com

HIPPA PRIVACY RULES 04/14/03

To comply with HIPPA privacy rights activities occurring with present and new Privacy Rule/Regulations (April 14, 2003) who engage in certain electronic transactions, health plans, and health care delivery.

Your Rights

Restriction on use and disclosure of your personal health information. You have the right to request restrictions on how we use or disclose your personal information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your health care or the paying of your care. To request a restriction you must sign a written request to: HealthWorks of the Central Coast 896 Foothill Boulevard - #B, San Luis Obispo, CA 93405.

Access to our personal health information. You have the right to inspect and/or obtain a copy of your personal health information we maintain in your designated medical records, in your designated medical records, in our medical records department. You must sign a medical records release of medical records consent to obtain these records.

Family, Friends and Personal Representatives. With your approval, we may disclose to family members, close personal friend, or another person you identify, your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your personal health information without your approval. We may also disclose your personal health information to the public or private entities to assist in disaster relief efforts.

Other uses and disclosures. We are permitted or required by law to use or disclose your personal health information, without your authorization, in the following circumstances:

For any purpose by law;

- For public health activities(for example, reporting of disease injury, birth, death, or suspicion of child abuse or neglect);
- To government authority if we believe an individual is a victim of abuse, neglect or domestic violence.
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request;
- For law enforcement purposes (for example, reporting wounds or injuries, or for identifying or locating suspects, witnesses or missing people);
- To avert a serious threat to health or safety under certain circumstances
- For military activities if you are a member of the armed forces: or an inmate or individual to a correctional institution;
- For compliance with workers compensation

We will adhere to all state and federal laws or regulations that provide protections. We will only or disclose AIDS/HIV-related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by law.

Patient signature _____

Date _____

Witness _____

Date _____