

**RONALD ACCOMAZZO, MD, FACS  
MARC M. KERNER, MD, FACS**

**(818) 993-9824  
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**NOTICE OF PRIVACY PRACTICES FOR HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The medical offices of Ronald Accomazzo, MD and Marc Kerner, MD provide health care to our patients in partnership with physicians, health care providers, and other professionals in an organized health care arrangement. These persons will follow the policies in this notice:

- Any health care professional who participates in an organized health care arrangement with us to assist in providing treatment to you.
- Our staff.

Our commitment to your privacy:

We understand that medical information about you is important and personal, and we are committed to protecting it. We are required by law to maintain the confidentiality of health information that identifies you. Each time you visit us; a record of your visit is made.

We will:

- Keep information about you private, as provided by law
- Provide or make available, as applicable, this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that are currently in effect.

We may change our policies from time to time. Changes will apply to medical information we already hold, as well as new information after the change occurs. If we make a significant change in our policies we will change our notice and post the new notice in a prominent location.

We will share medical information about you for purposes of treatment (such as sending medical information about you to your physician), to obtain payment for treatment (such as submitting information that identifies you and your diagnosis to a payer or Medicare), and to support health care operations (such as quality of care).

We may use health information about you without your prior authorization for several other reasons:

- Disclosures required by federal, state or local law.
- Public health purposes.
- Abuse, neglect or domestic violence reporting.
- Health care operations such as inspections or quality of care.
- Appointment reminders.
- Inform you of health-related benefits or services that may be of interest to you
  
- Release of information to a friend or family member that is involved in your care, or who assists in taking care of you.
- In response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

In any other situation not covered by this notice, where we may wish to use or disclose medical information about you, we will ask for your written authorization. You can later revoke your authorization by notifying us in writing.

Your rights regarding you PHI:

- Right to request that our practice communicates with you about your health issues in a particular manner or at a certain location. For instance, at home, rather than work. You must make a written request.
- Right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. May restrict your disclosure to only certain individuals involved in your care or the payment for your care. **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. You must make your request in writing:

Your request must be written in a clear and concise fashion:

- ❖ Information you have restricted
- ❖ Whether you are requesting to limit our practice use, disclosure or both
- ❖ To whom you want the limits to apply

You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including medical records and billing records. Submit your request in writing.

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 circumstances: however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

You may ask us to amend your health information if you believe it is incorrect or incomplete. Submit request in writing. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: a) accurate and complete, b) not part of your 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.

You have a right to request an “accounting of disclosures”. List of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes, such as the doctor sharing information with the nurse, or sharing information for billing information. Submit your request in writing: All requests for an “accounting of disclosure” must state a time period, which may not be longer than six years from the date of disclosure and may not include date before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

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.

Submit requests and complaints to our Privacy Official:

**MIMI WILLIAMS, BSN, RN  
18350 ROSCOE BLVD. SUITE 318  
NORTHRIDGE, CA 91324  
(818) 993-9824**

Submit in writing. You will not be penalized for filing a complaint.

Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked 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.