



A pediatrician directed health, nutrition and fitness program to manage weight and to promote healthy, lean and active youth

Notice of Privacy Practices at PowerPlayMD-OC

To our patients: This notice describes how health information about you, as a patient of this organization, may be used and disclosed, and how you can get access to you health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy: Our organization is dedicated to maintaining the privacy of your health information. We are required to maintain the confidentiality of your health information.

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

PowerPlayMD-OC generally is required to obtain your written authorization before using your protected health information. This section explains those situations where under federal law; PowerPlayMD-OC may use or disclose your protected health information without your permission.

1. **Treatment:** We use and disclose your protected health information to provide health care services to you. This includes uses and disclosure to: Treat your illness or injury, or contact you to provide appointment or any reminders, or give you information about treatment alternatives or other health related benefits and services that may interest you.
2. **Payment:** We may use and disclose your protected health information to obtain payment for health care services that we provide to you, or that others provide to you. This includes uses and disclosure to: Submit and obtain payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payer), or verify that your payer will pay for your health care.
3. **Health Care Operations:** We may use and disclose your protected health information for our health care operations, such as internal administration and planning to improve the quality and cost effectiveness of the care that we provide to you. This also includes uses and disclosures to: evaluate the quality and competence of our health care providers, train students, residents, and fellows, or identify health related services and products that may be beneficial to your health and then contact you about the services and products.

The following circumstances may require us to use or disclose your health information:

1. Under appropriate circumstances, including emergencies, we may disclose your protected health information to relatives, caregivers, or personnel including emergencies representatives who are with you or appear on your behalf. We may also need to notify such person of your location in our organization and general conditions. If you object to such disclosure, please notify PowerPlayMD-OC.
2. To public health authorities and health oversight agencies that are authorized by law to collect information.
3. Lawsuits and similar proceedings in response to a court or administrative order, or if required to do so by a law enforcement official.
4. We may also disclose your protected health information to third parties to assist us in these activities, but only if they agree in writing to maintain the confidentiality of your health information. We may also disclose your protected health information to your other health care providers, to enable them to conduct their own quality review, compliance activities and other health care operations.
5. We will only disclose information to a person or organization able to help prevent a serious threat against your health and safety, the health and safety of another individual, or the public.

6. If you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.
7. To federal officials for intelligence and national security activities authorized by law.
8. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
9. For Workers Compensation and similar programs.

Your rights regarding your health information

1. Communications: You can request that our organization communicates with you regarding 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 at work. We will accommodate reasonable requests.
2. We may disclose your protected health information for the following public health activities.
 - To report to public health authorities for the purpose of preventing or controlling disease, injury or disability.
 - To report information to the US Food and Drug Administration (FDA) about products and services under its jurisdiction or
 - To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting and spreading a disease.
3. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound to our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
4. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to PowerPlayMD-OC 805 W. La Veta Ave., Suite 207, Orange, CA 92868. If you request these copies, there will be a reasonable fee, which will be charged to you along with the copies. We also will charge you for our postage costs, if you require the copies to be mailed out to you. If you are a parent or a legal guardian of a minor, a certain portion of the minor's medical records may not be assessable to you under California law. The period of your request cannot exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting record more than once during a twelve month period, we will charge you a reasonable fee.
5. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our organization. To request an amendment, it must be in writing and submitted to PowerPlayMD-OC 805 W. La Veta Ave., Suite 207, Orange, CA 92868. You must provide us with a reason that supports your request for amendment.
6. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice contact PowerPlayMD-OC 805 W. La Veta Ave., Suite 207, Orange, CA, 92868. You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, please contact PowerPlayMD-OC 805 W. La Veta Ave., Suite 207, Orange, CA 92868. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. If we reasonably believe that you are a victim of abuse, neglect, or domestic violence, we may disclose your protected health information as required by law to social services or other governmental organization authorized by law to receive such a report.
8. Right to provide an authorization for other uses and disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

We may disclose your protected health information to a health organization agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare and Medicaid (for example, for fraud and abuse investigations).