



NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

About Us

Mills Peninsula Medical Group ("MPMG") provides a network of physicians to care for patients. This notice applies to Mills-Peninsula Medical Group and its participating physicians. In serving our members and patients, we receive and handle a variety of health information. We use your health information to arrange for your health care services, to treat you, to pay for your care, to conduct our business operations (e.g., case management, quality assurance, compliance, and utilization review).

What is "Protected Health Information" or "PHI"?

"Protected health information," or "PHI" for short, is information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are.

Purpose of this Notice

This Notice describes our privacy practices and how we protect the confidentiality of PHI that we use and disclose in the course of our operations. We are obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also obligated in this Notice to explain how we do so, and to follow the practices that we have described.

How We Protect Your PHI

We restrict access to your PHI to MPMG staff and agents who need access in order to provide services to MPMG and its members. We have designated a privacy officer who is responsible for implementing and enforcing policies and procedures to safeguard your PHI against inappropriate access, use, and disclosure. We also have a training program to ensure that our staff handle and disclose PHI in accordance with the applicable laws and standards.

MPMG reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all PHI that it maintains, including PHI already in its possession. If MPMG changes its Notice of Privacy Practices, it will mail a revised notice to you at your current address.

Authorizations

MPMG will require a written authorization from you before it uses or discloses your PHI, unless a particular use or disclosure is expressly permitted or required by law without your authorization. MPMG has prepared an authorization form for you to use that authorizes it to use or disclose your PHI for the purposes set forth in the form. If you need to use our authorization form, we will send you one to complete. You are not required to sign the form as a condition to receiving services from MPMG. If you sign an authorization for a particular purpose, you may revoke it at any time by written notice. MPMG then will not use or disclose your PHI, except where it has already relied on your authorization.

Use and Disclosure of PHI Without an Authorization

Treatment; Payment; Health Care Operations

We may use and disclose your PHI without obtaining an authorization in the course of certain routine functions involving treatment, payment, health care operations. Examples include:

- Using or disclosing your PHI if you are a Clinic patient to provide health care services to you, including using your PHI to contact you for appointments and sharing your PHI with other providers who are caring for you to assist them in performing their functions.
- Using or disclosing your PHI to inform you about health-related benefits and services that we offer, and to recommend treatment alternatives to you.
- Disclosing your PHI to health plans or other responsible parties to receive payment for the services provided to you by our participating physicians.
- Using your PHI to authorize referrals to specialists.
- Using your PHI to review the quality of care provided by your participating physician or by specialists.
- Using your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received or the payment provided.
- Using your PHI in connection with population-based disease management programs.

Some of our MPMG physician practices use a shared Electronic Medical Record that allows both MPMG personnel and MPMG participating physicians and their staffs ("MPMG System") access to each patient's health information. The purpose is to expedite the referral of patients within the MPMG system and to assist in managing their care in a coordinated way. Information in your Electronic Medical Record can be released outside the MPMG system only with your express written authorization or as otherwise specifically permitted or required by law.

Specific Purposes Recognized by Law

We also may use and disclose your PHI without obtaining an authorization for certain very specific purposes recognized by law:

1. For lawsuits and other legal disputes – In connection with court proceedings or proceedings before administrative agencies, or to defend us or our participating physicians in a legal dispute;
2. For public health activities – Such as reports about communicable diseases, defective medical devices to the FDA or work-related health issues;
3. For health oversight activities – Such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;
4. Reports about child and other types of abuse or neglect, or domestic violence;
5. For law enforcement purposes – Such as responding to a warrant, or reporting a crime;
6. When otherwise required by law – In other situations where a specific law requires the disclosure;
7. Reports to coroners, medical examiners, or funeral directors – To assist them in performance of their legal duties;
8. For tissue or organ donations – To organ procurement or transplant organizations to assist them;
9. For research – To medical researchers with the approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects;

10. For fundraising – To contact you for fundraising purposes. The PHI so used will be limited to your name, address, telephone number, and the dates you received services. MPMG may also disclose such PHI to business associates that it has retained or to related foundations to assist with fundraising. You may notify MPMG in writing if you object to such disclosures.
11. To business associates – To certain individuals or entities that provide services on MPMG’s behalf to allow them to perform their functions. Examples include data processing, quality assurance, legal, or accounting services. MPMG will have a contract with such business associates that obligate them to maintain the confidentiality of your PHI.
12. To avert a serious threat to the health or safety of you or other members of the public – Such as where the PHI suggests to us that a person poses a threat to a specific individual;
13. For national security and intelligence/military activities – Such as protection of the President or foreign dignitaries; and
14. In connection with services provided under workers’ compensation laws.

Use and Disclosure Unless You Object

We may disclose your PHI, without your written authorization, in certain situations unless you notify us beforehand that you object to such disclosures. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment. These situations are as follows:

- We may disclose to a family member, other relative, or close personal friend, or to any other person identified by you, all PHI directly relevant to that person’s involvement with your care or directly relevant to payment related to your care.
- We may disclose PHI to a family member, your personal representative, or another person responsible for your care to assist in notifying the person of your location, general condition, or death.
- We may disclose PHI to a public or a private entity authorized to assist in disaster relief efforts, for the purpose of coordinating efforts to establish your location, general condition, or death.

Your Child’s PHI

A parent can generally control a minor child’s PHI. In some cases, however, we are permitted or even required by law to deny your access to a minor child’s PHI, such as when the child can legally consent to medical services without parental permission. This includes PHI involving such matters as treatment of pregnancy (including the termination of pregnancy), communicable diseases, and psychiatric conditions cared for on an outpatient basis.

Your Rights Regarding Your PHI

Right to Receive Copy of Notice of Privacy Practices

You have the right to request and receive a copy of MPMG’s Notice of Privacy Practices in written or electronic form.

Right of Access to Your PHI

You have the right to review and receive a copy of your PHI in our possession. If you wish to have access to your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI within our normal business hours. If you would like a copy of your PHI, please write to us at the address that appears at the end of this Notice. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request for access to your PHI, we will explain the reason in writing. If we do not have your PHI, but know who does, we will tell you whom to contact.

Right to Amend Your PHI

You have the right to request amendment of your PHI. You would amend your PHI by submitting an addendum explaining why you believe that your PHI is incomplete or incorrect. If we accept your request, we will place your addendum with your PHI. If we deny your request, we will explain why.

Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request.

Right to Request Restrictions

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Alternative Methods of Communicating PHI

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by special delivery, rather than by regular mail) or to an alternate place (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or are prohibited by law.

Right to Complain

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to:

Mills-Peninsula Medical Group
Attn: Privacy Officer
577 Airport Boulevard, 3rd Floor
Burlingame, CA 94010
Tel: (650) 240-8059
Fax: (650) 240-0973
hipaa@mpmg.com

You may contact your health plan or the California Department of Managed Care with your concerns as well. You also have the right to directly complain to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

Effective Date

The effective date of this Notice is April 20, 2005.
Revision date is May 1, 2009