



## NOTICE OF PRIVACY PRACTICES

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

Treatment. We may use and disclose your PHI for your treatment. For example, we may disclose your PHI to a specialist providing treatment to you.

Payment. We may use and disclose your PHI to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party.

Healthcare Operations. We may use and disclose your PHI in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

We are required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all PHI that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

EASTBAY RHEUMATOLOGY MEDICAL GROUP, INC  
13851 East 14<sup>th</sup> Street, Suite 301  
San Leandro, California 94578  
Tel no: (510) 357-1303  
Fax no: (510) 357-5463

### Acknowledgement of Receipt of Notice of Privacy Practices

East Bay Rheumatology Medical Group reserves the right to modify the privacy outlined in the notice.

Confirmation of receipt:

I have received a copy of the Notice of Privacy Practices for East Bay Rheumatology Medical Group.

\_\_\_\_\_  
Name of Patient/or Patient Representative

\_\_\_\_\_  
Signature of Patient/or Patient Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date