



---

## NOTICE OF PRIVACY PRACTICES

---

THIS STATEMENT DESCRIBES HOW HEALTH INFORMATION ABOUT PATIENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR CHILD'S HEALTH INFORMATION IS IMPORTANT TO US.

---

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your child's health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your child's health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 1, 2004 and will remain in effect until we replace it.

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. We reserve the right to make the changes in our privacy policy and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of this 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.

---

### USES & DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your child's health information to a physician or other healthcare provider providing treatment to your child.

**Payment:** We may use and disclose your child's health information to obtain payment for services we provided.

**Healthcare Operations:** We may use and disclose your child's health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your child's health information for treatment, payment or healthcare operations, you may give us written authorization to use your child's health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your child's health information for any reason except those described in this notice.

**To Your Family and Friends:** We must disclose your child's health information to you, as described in the Patients Rights section of this notice. We may disclose your child's health information to a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your child's personal representative or another person responsible for your child's care, of their location, their general condition, or death. If you are present, then prior to use or disclosure of your child's health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make a reasonable inference of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your child's health information for marketing communications without written authorization.

**Required by Law:** We may use or disclose your child's health information when we are required by law.

**Abuse or Neglect:** We may disclose any health information of any patient to the appropriate authorities if we reasonable believe that they are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose health information to the extent necessary to avert a serious threat to any patient's health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstance. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activates. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstance.

**Appointment Reminders:** We may use of disclose your child's health information to provide you with appointment reminders (such as voicemail messages, postcards or letters)

---

## PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your child's health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your child's health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$.25 for each page, \$20 per hour for staff time to locate and copy your child's health information, or a fee of \$10 for x-ray duplication and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your child's health information in that format. If you prefer, we will prepare a summary or an explanation of your child's health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure).

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associated disclosed your child's health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more then once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your child's health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency)

**Alternative Communication:** You have the right to request that we communicate with you about your child's health information by alternative means or alternative locations. (you must make your request in writing.) Your request must specify the alternative means of location, and provide satisfactory explanation how payments will be handles under the alternative means or location you request.

**Amendment:** You have the right to request that we amend you health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our web site or by electronic (email), you are entitled to receive this notice in written form.

---

## QUESTIONS & COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated you privacy rights, or you disagree with a decision we made about access to your child's health information or in response to a request you made to amend or restrict the use or disclosure of your child's health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of the notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request.

We support your right to the privacy of your child's health information. We will not retaliate in any way of you choose to file a complaint with use or with the US Department of Health and Human Services.

**Contact Officer: Nilda**

**Telephone: 916-984-0304 Fax: 916-983-9012**

**Address: 2190 E. Bidwell Street, Folsom, CA 95630**