



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may access this information. Please review it carefully.

Uses and disclosures of health information

Legally, we may use your health information when working with other professionals that are caring for you, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. You may request that this is not done.

We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Individual rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you \$0.05 (5 cents) for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You may also ask that we contact you in a specific way (email, phone etc), or have your records sent to a different address than the one we have on file.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services.

Our legal duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. You are entitled to a hard copy of this notice if you request one.

If you have any questions or complaints, please contact:

Gidget Wood, NP

Administrative Director

901 East Alostia Ave, Azusa, CA, 91711

Phone: (626) 815-2100

Email: healthcntr@apu.edu

I have read and been given a copy of this document:

Printed name and signature

Date