

**GREGORY M. BRICCA M.D. - CALIFORNIA SKIN CANCER SURGERY CENTER**  
**NOTICE OF PRIVACY PRACTICES**  
**HIPAA**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW.**

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your HHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRACTICE ADMINISTRATOR AT 916-772-1585**

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:**

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice - including, but not limited to, the doctor and nurses - may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
5. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
8. **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

**D. USE AND DISCLOSURE OF YOUR HHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths
  - reporting child abuse or neglect
  - preventing or controlling disease, injury or disability
  - notifying a person regarding potential exposure to a communicable disease
  - notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - reporting reactions to drugs or problems with products or devices
  - notifying individuals if a product or device they may be using has been recalled
  - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's Agreement

- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. **Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. **Organ and Tissue Donation.** Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the

researcher will not remove any of your IIHI from our practice; or (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.

8. **Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. **Military.** Our practice may disclose your IIHI if you are a member of U. S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. **National Security.** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. **Inmates.** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. **Workers' Compensation.** Our practice may release your IIHI for workers' compensation and similar programs.

#### **E. YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about 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 work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for 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 by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing. Your request must describe in a clear and concise fashion:

- the information you wish restricted;
- whether you are requesting to limit our practice's use, disclosure or both; and
- to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI 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 in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Joseph Banuat, Practice Administrator, 9269 Sierra College Blvd., Roseville, CA 95661. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our office at 916-772-1585.

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Practice Administrator, at 916-772-1585. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Practice Administrator, at 916-772-1585.

## ADVANCED DIRECTIVES

### POLICY:

California Skin Surgery Center recognizes the special nature of the perioperative period with regard to the applicability of Advanced Directives for Health Care. Patients are advised of their right to make choices regarding life-sustaining treatment (including resuscitative measures) on the consent form and indicate whether or not they have an Advance Directive/Living Will/Health Care Proxy. **The Center does NOT honor “do not resuscitate” orders within Advance Directives.**

The patient’s autonomy must be respected as the professional responsibility of the health care team.

### DEFINITIONS:

#### 1. Durable Power Of Attorney

The Durable Power of Attorney (DPA) is a document that records the appointment of a surrogate decision-maker for a patient. The DPA and other advance directives guide decision making when the patient is unable to make decisions or when the patient elects to transfer decision making (to a surrogate).

Effective July 1, 2000, the “Health Care Decisions Law” (AB 891–Chapter 658) replaced the Natural Death Act and the laws governing Durable Powers of Attorney for Healthcare. However, patient’s with existing Advance Directives do not have to execute new ones. All valid Durable Powers of Attorney for Healthcare, executed Natural Death Act Declarations and Emergency Medical Services Pre-Hospital Do Not Resuscitate (DNR) forms remain valid, even if they are executed on or *after* July 1, 2000.

#### 2. Surrogate Decision Making

If a patient becomes incompetent, a surrogate gives informed consent about medical procedures for patient . A surrogate can be:

- \* Someone given Durable Health Care Power of Attorney by the patient while (s)he was competent
- \* A family member, usually designated by state statutes
- \* The patient’s primary physician may also appoint a surrogate decision maker unless otherwise specified in a written advanced health care directive

A surrogate makes decision based on the living will or other statements made by patient, if available. In the absence of a living will or other statement, surrogate makes decisions based on the best interest of the patient.

#### 3. Healthcare Instructions

People who do not wish to appoint a health care agent pursuant to the power of attorney, or be bound by the limitations of the Natural Death Act, may now issue binding “healthcare instructions”.

#### 4. Healthcare Decisions

Healthcare decisions are expressly defined to include:

- The selection or discharge of health care providers or institutions
- The approval or disapproval of diagnostic tests, procedures and programs of medication
- Directions to provide, withhold or withdraw artificial nutrition and hydration, and all other forms of health care including CPR

### PROCEDURE:

The guidelines below will be followed when staff are presented with Advanced Directives for Health Care orders.

1. Patients who present to California Skin Surgery Center with Advanced Directives will be identified to the Medical Director and/or patient’s Physician prior to the procedure being performed.

Under the Health Care Decisions Law, patients with capacity may now designate or disqualify another person to act as a surrogate to make healthcare decisions by personally informing the supervising healthcare provider *orally or in writing*. An oral designation of a surrogate must be promptly recorded in the patient’s chart and is effective only during the course of treatment or illness during the stay in the health care institution when the designation is made (Probate Code 4711 and 4715)

2. The Medical Director and/or the Physician will review the document to ensure the patient’s request can be honored. Acceptance of the patient request will be documented in the patient’s chart.
3. A copy of the document will be placed in the patient’s chart.
4. Patient admission will follow the usual process for informed consent.
5. The patient retains the right to modify or rescind all or part of the agreements reached prior to the procedure.
6. Upon discharge, the copy of the document will remain in the patient’s chart.
7. In the event it becomes necessary to transfer the patient to the hospital for further care, a copy of the Advanced Directives for Health Care shall be sent with the patient and the admitting department will be notified.

**NOTE: For more information, or to obtain CMA’s new advance health care directive that replaces the Durable Power of attorney for Healthcare and Natural Death Act Directive forms, contact the California Medical Association at 800/592-4262 or request the forms from the California Skin Surgery Center.**

## PATIENT RIGHTS

The patient has the right to:

1. Treatment without regard to sex, cultural, economic, educational, religious background, or the source of payment for care.
2. Considerate and respectful care.
3. The patient has the right to be free from all forms of abuse or harassment.
4. The patient has the right to exercise his/her rights without being subjected to discrimination or harassment.
5. The knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professional relationships of other physicians who will see him and the credentials of health care professionals involved in his care.
6. Receive information from his physician about his illness, his course of treatment, and his prospects for recovery in terms he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
7. Receive the necessary information about any proposed treatment or procedure to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who would carry out the treatment or procedure.
8. Participate actively in decisions regarding his medical care. To the extent permitted by law, this includes the right to refuse treatment.
9. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
10. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
11. Reasonable responses to any reasonable request he makes for services.
12. Reasonable continuity of care and to know in advance the time/location of appointments and the physician providing the care.
13. Be advised if physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
14. Be informed by his physician or designee of his continuing health care requirements.
15. Examine and receive an explanation of his bill regardless of source of payment.
16. Have all patients' rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
17. Express any grievances or suggestions verbally or in writing to Center Management at 9269 Sierra College Blvd, Roseville, CA 95661 or call (916) 772 -1585 or CA Dept. of Public Health, 980 9<sup>th</sup> Street, Sacramento, CA 95814, District Administrator at 916-663-5800 or Office of Medicare Beneficiary Ombudsman at <http://www.cms.hhs.gov/center/ombudsman.asp>

## PATIENT RESPONSIBILITIES

Good communication is essential to a successful physician-patient relationship. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their physicians.

Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, including over the counter products and dietary supplements and any allergies or sensitivities, hospitalizations, family history of illness, and other matters relating to present health.

Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.

Once patients and physicians agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with physician instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.

Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians.

Patients should inform their provider about any living will, medical power of attorney, or other advance directive that could affect their care

Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk.

Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.

Patients are responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider