



29995 Technology Drive Suite 201
Murrieta, Ca 92563
Telephone: (951) 461-3021
Fax: (951) 461-8898

Patient Notification of Privacy Practices

To our patients: 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 health information. This is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

An Optimal You collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of An Optimal You, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes.

1. **Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide.
2. **Payment:** We use and disclose medical information about you to obtain payment for the services we provide.
3. **Sign in Sheet:** We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
4. **Notification and Communication with Family:** For your safety and health care we may need to disclose health information to a family member, or another person responsible for your care. This information may be about your location, your general condition or in the event of your death.
5. **Specialized Government Functions:** We may be required to disclose your health information for military or national security purposes, to correctional institutions, or to law enforcement officers that have you in their lawful custody.
6. **Workers Compensation:** We do not treat workers compensation cases.
7. **Change of ownership:** In the event that this medical practice is sold or merged with another organization, your health record will become the property of the new owner. You will maintain the right to request copies of your information to be transferred to another physician or medical group.

Except as described above, this medical practice will not use or disclose health information that identifies you without your written authorization. If you do authorize this medical practice to use your health information for another purpose, you may revoke your authorization in writing at any time.



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Your rights regarding your health information:

1. You can request that our practice communicates 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 at work. We will accommodate reasonable requests.
2. You can request, in writing, a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care. 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, such as in emergencies or when the information is necessary to treat you.
3. You have a right to obtain or inspect a copy of the health information that is used to make decisions about you. These include patient medical and billing records. You must submit your request in writing to An Optimal You at 29995 Technology Drive Ste 201 Murrieta, Ca 92563. A charge may apply.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete as long as the information is kept by, or for, our practice. To request an amendment, your request must be made in writing and submitted to An Optimal You. You must provide us with a reason that supports your request for an amendment.
5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice please contact the front desk receptionist.
6. 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. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact this office at (951) 461-3021.

I have read and understand the above information regarding my right to keep my health information private.