

## JAMES M. FOX, M.D.

7230 Medical Center Drive, #503 West Hills, CA 91307  
2080 Century Park East, #1500 Los Angeles, CA 90067  
818-884-2585 310-724-8975  
Fax: 818-484-2060

# *Notice of Privacy Practices*

*The privacy of your personal and health information is important. This requires no action on your part unless you have a request or complaint. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes your rights and our legal obligations with respect to your medical information. Please review it carefully.*

*You have received this notice because you are under the care of, or are considering being treated by James M. Fox, M.D., pc. This notice takes effect December 1, 2005 and will remain in effect until we replace it and provide you notice of such changes. We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by applicable law, rules and regulations. When we make a significant change in our privacy practices, we will make the notice available to our patients, upon request, on or after the effective date of the change. For more information about our privacy practices, or for additional copies of this notice, please contact our office.*

James M. Fox, M.D. and staff understand the importance of keeping your personal and health information private. Personal health information includes both medical information and individually identifiable information, such as your name, address, telephone numbers or social security number. We are required by applicable federal and state laws to maintain the privacy of your personal and health information. Both under law and by our policy, James M. Fox, M.D. has a responsibility to protect the privacy of your personal and health information (PHI).

We will: Protect your privacy by limiting who may see your PHI;  
Limit how we may use or disclose your PHI;  
Inform you of our legal duties with respect to your PHI;  
Explain our privacy policies; and strictly adhere to the policies currently in effect.

**Uses and Disclosures of Patient's Personal and Health Information:** As a patient of James M. Fox, M.D., we may use and disclose your personal and health information, without your consent/authorization, in the following ways:

- Treatment: We may disclose your personal and health information to a doctor, a hospital or other entity, which asks for it in order for you to receive treatment.
- Payment: We may use and disclose your personal and health information to receive payment for services provided to you by Dr. Fox, hospitals or other entities.
- Health Care Operations: We may use and disclose your personal and health information to conduct the following activities:

To conduct quality improvements, including outcome evaluation and development of clinical guidelines, population-based activities, care coordination, case management or utilization management activities.

To review the competence or qualifications of health care professionals, conduct training programs of non-healthcare professionals, accreditation, and certification, licensing or credentialing activities.

To conduct or arrange for treatment review, legal services, audit functions and compliance programs.

For business planning, conducting cost management and planning-related analyses, including formulary development and administration, or improvement of methods of payment or coverage verification policies.

For business management activities, such as: customer service, resolution of internal grievances, due diligence in connection with the sale or transfer of assets to a potential successor in interest and for creating deidentified health information for fundraising and marketing for which an individual authorization is not required.

**Health & Wellness Information:** We may use your personal and health information to contact you with information about health-related treatments and services, appointment reminders or about treatment alternatives that may be of interest to you.

- **Family and Friends:** If you are unavailable to communicate, such as in an emergency or disaster relief, we may disclose your personal and health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.
- **Research:** We may use or disclose your personal and health information for research purposes.
- **Death:** We may disclose the personal and health information of a deceased person to a coroner or medical examiner.
- **Organ Donation:** We may use or share information for procurement, banking or transplantation of organs, or tissue.
- **Public Health and Safety:** We may disclose your personal and health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Required by Law:** We must use or disclose your personal and health information when we are required to do so by law. For example, we must disclose your personal and health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.
- **Process and Proceedings:** We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose limited information to law enforcement officials concerning the personal and health information of a suspect, fugitive, material witness or missing person. We may disclose the personal and health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution.
- **Military and National Security:** We may disclose to military authorities the personal and health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials personal and health information required for lawful intelligence, counterintelligence, and other national security activities.

**Authorizing Use and Disclosure of Personal and Health Information:** James M. Fox, M.D. will request written authorization from you to use your personal and health information or to disclose it to anyone for any purpose or situation not included in this document. 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 was in effect. We will not use or disclose your personal and health information for any reason except those described in this notice without your written authorization.

**Individual Rights for All Patient's:** As a patient, the following are your rights concerning your personal and health information:

- **Access:** You have the right to review or obtain copies of your personal and health information, with certain exceptions. You may submit this request in writing.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your personal and health information for purposes other than treatment, payment and health care operations.
- **Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your personal and health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in a need for your emergency treatment). You also have the right to agree to or terminate a previous submitted restriction. You may submit this request in writing.
- **Alternate Communication:** You have the right to request that we communicate with you in confidence about your personal and health information by alternative means or to an alternative location. We will accommodate your request if it is reasonable and the request specifies the alternative means or location. If such a request is urgent, we will attempt to accommodate your request.
- **Amendment:** You have the right to request that we amend your personal and health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, we do not maintain the information or the information is deemed accurate and complete. If we deny your request, we will provide you a written explanation of the denial.
- **Electronic Notice:** You have the right to receive this notice in written form upon request.
- **If you have a Complaint:** If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your personal and health information, you may file a complaint with us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.