



GRIMALDI CENTER FOR WELLNESS & AESTHETICS

John A. Grimaldi, D.O. INC

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Facsimile: (619) 425-7795

Use and Disclosure/Notice of Privacy Practices

Use and Disclosure to Others Involved in Your Healthcare

We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your medical care. If you are unable to agree or object to this disclosure, we may disclose such information as necessary if we determine that it is in your best interests based on our professional judgment. We may also use or disclose protected health information to notify or assist in notifying a family member, personal relative, or any other person that is responsible for the care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals in your healthcare.

Use and Disclosures in Emergency Situations

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will attempt to obtain your acknowledgment of this notice as soon as reasonably practicable after the delivery of treatment.

Use and Disclosure for Health-Related Benefits or Services

Dr. Grimaldi may use and disclose protected health information to tell you about certain health-related benefits or services that may be of interest to you.

Use and Disclosure Required by Law

We will use or disclose protected health information about you when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if the law requires us to do so, of any such uses or disclosures. We must make disclosures to you when required by the secretary of the Dept. of Health and Human Services to investigate or determine our compliance with the law.

Use and Disclosure Related to Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Disclosures For Health Oversight Activities

We may disclose protected health information to a health oversight agency for activities authorized by law. Those activities include audits, investigations, and inspections. These activities are necessary for the government to monitor the healthcare system, the delivery of healthcare, government benefit programs, other government regulatory programs and civil rights laws.

Disclosures of Abuse or Neglect

We may disclose your protected health information to a public health authority authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to a government entity or agency authorized to receive such information. In such cases, the disclosure will only be made in accordance with the CA law.

Notice of Privacy Practices

At the practice of John A. Grimaldi, D.O. INC, your privacy is a very important part of our mission and plays a very big factor in your experience. Dr. Grimaldi and his staff adhere to the highest standards of respecting and protecting patient privacy and the confidentiality of your health care information. Additionally, the team complies with all state and federal regulations regarding the privacy of individual healthcare information, including HIPAA (Health Insurance Portability and Accountability Act), enacted on April 14, 2003.

As of April 2013, we are required by law to offer you a copy of the "Notice of Privacy Practices" regarding your Protected Health Information (PHI).

Your PHI, also known as your health or medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among many healthcare professionals who contribute to your care.
- Means by which you or a third-party payer can verify that services billed were actually provided.

The "Notices of Privacy Practices" details the following:

- How we may use/disclose your PHI to carry out treatment, payment, or healthcare operations.
- How you may request copies of your healthcare information.
- How you may verify the accuracy of this information.
- How you may request an accounting of certain external disclosures of your PHI.

I acknowledge and understand that as a part of this organization's treatment, payment, or healthcare operations it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

Please acknowledge that you have been offered a "Notice of Privacy Practices" by signing below:

I have been offered a notice of privacy practices by the office of John A. Grimaldi, D.O. INC and I fully understand and accept the terms of this consent.

Signature: (Patient, Parent or Legal Guardian): _____

Print Full Name: _____ **Date:** _____

Use and Disclosures for Appointment Reminders

We may use and disclose your medical information to contact you as a reminder that you have an appointment at the office. If you request that such communications, be made confidentially, please notify our office in writing. We will accommodate all reasonable requests.