

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as of April 14, 2003 all health care providers are required to provide their patients with a "Notice of Privacy Practice" statement.

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

William J. Tsai, M.D., Inc. is dedicated to protecting your medical information. A federal regulation, known as the "HIPAA Privacy Rule" requires we provide detailed notice in writing of our privacy practices. Your Protected Health Information (PHI) is information identifying you and relates to your past, present or future health or condition, the provision of health care to you, or payment for that health care. We are required by law to maintain the privacy of your PHI and to give you this Notice about our privacy practices explaining your rights as our patient and how, when, and why we may use or disclose your PHI. • We are required by law to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to all PHI in our possession. If we change our privacy practices and the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our office, and provide you with a copy of the revised Notice upon your request. The revised Notice will also be posted on our website, www.wtsaimdinc.com.

WHO WILL FOLLOW THIS NOTICE

This notice describes William J. Tsai, M.D., Inc.'s practices regarding the use of your medical information and that of •

1. Any health care professional authorized to enter information into your medical record or hospital chart, including without limitation, the members of William J. Tsai, M.D., Inc.'s medical staff, front-desk personnel, biller and office manager.
2. All departments and units of Irvine Regional Hospital and Hoag Memorial Hospital you may visit.
3. All hospital employees, staff and personnel who may need access to your information for your hospital activities.
4. All specialists and outside services (lab work, scans, x-rays, etc.) we refer you to for additional medical consultation.

In addition, these people/entities may share medical information with each other for treatment, payment or health care purposes described in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PHI

Treatment, Payment and Health Care Operations. As described below, we will use or disclose your protected health information for treatment, payment, or health care operations. The examples below do not list every possible use or disclosure in a category.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, x-ray or other health care related services. We may also use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to an outside physician so that the other physician may treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may send your insurance company a bill for services or release certain medical information to your insurance company so that they can determine whether your treatment is covered under the terms of your health insurance policy. We also may use and disclose PHI for billing, claims management and collection services. We may also disclose PHI to another health care provider, company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company or health plan. For example, we may allow a health insurance company to review PHI relating to their enrollees to determine the insurance benefits to be paid for their enrollees' care.

Health Care Operations: We may use and disclose PHI in performing certain business activities which are called health care operations. Some examples of these operations include our business accounting and management activities. These health care operations also may include quality assurance, utilization review, and internal auditing, such as reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and our other patients and providing training programs to help students develop or improve their skills. If another health care provider, company or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include assisting with legal compliance activities of that health care provider or company.

Communications From Us to You with Reminders or Other Information. We may use or disclose medical information in order to contact you as a reminder that you have an appointment for treatment or medical care, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to inform you about health related benefits.

Communications to Others if You Agree or Do Not Object. We may use or disclose PHI in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the chance to object.

Notifications to Family/Friends: We may disclose PHI to your relatives, close friends or any other person identified by you if the PHI is directly related to that person's involvement in your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.

Other Uses and Disclosures Authorized by the HIPAA Privacy Rule. We may use and disclose PHI about you in the following circumstances, provided we comply with certain legal conditions in HIPAA.

Required by Law: We may use or disclose PHI as required by federal, state or local law if the disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including to •

1. Prevent or control disease, injury or disability or report disease, injury, birth or death.
2. Report child/senior abuse or neglect.
3. Report information regarding the quality, safety or effectiveness of products or activities regulated by the federal FDA.
4. Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.
5. Report to employers, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI to proper government authorities if we reasonably believe that a patient has been a victim of abuse or neglect.

Health Oversight: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Legal Proceedings: We may disclose PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request.

Law Enforcement: We may disclose PHI to law enforcement officials under certain specific conditions where the disclosure is •

1. About a suspected crime victim if the person agrees or, under limited circumstances, we are unable to obtain the person's agreement because of incapacity or emergency.
2. To alert law enforcement of a death that we suspect was the result of criminal conduct.
3. In response to authorized legal process or required by law.
4. To identify or locate a suspect, fugitive, material witness, or missing person.
5. About a crime or suspected crime committed on our premises.
6. In response to a medical emergency not occurring on our premises, if necessary to report a crime.

Coroners, Medical Examiners or Funeral Directors: We may disclose PHI regarding a deceased patient to a coroner, medical examiner or funeral director so that they may carry out their duties. We also may disclose such information to a funeral director in reasonable anticipation of a patient's death.

Organ Donation: We may disclose PHI to organizations that help procure, locate and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.

Threat to Health or Safety: In limited circumstances, we may disclose PHI when we have a good faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.

Specialized Government Functions: We may disclose PHI for certain specialized government functions, such as military and veteran activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, and for certain correctional institutions.

Compliance Review: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review compliance with HIPAA.

Workers' Compensation: We may disclose PHI in order to comply with laws relating to workers' compensation or other similar programs.

Research: For research purposes under certain limited circumstances for research projects that have been evaluated and approved through an approval process that takes into account patients' need for privacy. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

Emergencies. We may use or disclose PHI in an emergency treatment situation in compliance with applicable laws and regulations.

With Your Written Authorization. *All other uses and disclosures of your PHI will be made with only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.*

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The HIPAA Privacy Rule gives you several rights with regard to your PHI. These rights include ●

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations or that we disclose to those who may be involved in your care or payment for your care. While we will consider your request, *we are not required to agree to it.* If we do agree to your request, we will comply with your request except as required by law or for emergency treatment. To request restrictions, you must make your request in writing to our Office Manager at the address listed on the last page of this Notice and state the specific restriction requested and to whom you want the restriction to apply.

Right to Receive Confidential Communications. You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request we contact you at home, rather than at work. You must make your request in writing to our Office Manager and specify how you would like to be contacted (for example, by regular mail to your post office box and not to your home address). We will accommodate all reasonable requests.

Right to Inspect and Copy. You have the right to inspect and receive a copy of your PHI contained in records we maintain that may be used to make decisions about your care. These records usually include your medical and billing records but do not include psychotherapy notes, information gathered or prepared for a civil, criminal or administrative proceeding; or PHI that is subject to law that prohibits access. To inspect and copy your PHI, please contact our Office Manager. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request. We may deny your request to inspect and copy PHI only under limited circumstances, and in some cases, a denial of access may be reviewable.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as such information is kept by or for us. You must submit your request to amend in writing to our Office Manager and give us a reason for your request. We may deny your request in certain cases. If your request is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

Right to Receive an Accounting of Disclosures. You have the right to request a list of certain disclosures of PHI made by us during a specified period of up to six years prior to the request, *except* disclosures for treatment, payment or health care operations; made to you; to persons involved in your care or for the purpose of notifying your family or friends of your whereabouts; for national security or intelligence purposes; made pursuant to your written authorization; incidental to another permissible use or disclosure; for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); or made before April 14, 2003. If you wish to make such a request, please contact our Office Manager. The first accounting you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice at any time. To obtain a paper copy of this Notice, please contact our Office Manager or front-desk staff.

COMPLAINTS/QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us, or the Secretary of the United States, Department of Health and Human Services. To file a complaint with our office, if you have any questions or need additional information about this Notice, please contact our Office Manager. *We will not take action against you or retaliate against you in any way for filing a complaint.*

OFFICE MANAGER

MeiLin Wang 19742 MacArthur Blvd., Ste. 101 ● Irvine, CA 92612 949-955-0202 phone ● 949-955-0203 fax

EFFECTIVE DATE

This Notice was published and first became effective on April 14, 2003.

I have read the Privacy Notice and understand my rights contained in this Notice.

By way of my signature, I provide William J. Tsai, M.D., Inc. with my full authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Printed Name of Patient

Signature of Patient

Date

If you would like a copy of this signed statement, please ask our front-desk personnel for one. Thank you.