

Center For Breast Care, Inc.
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 Telephone 818-333-2555 Facsimile 818-333-2559

Notice of Privacy Practices

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.

Uses & Disclosure	Our practice collects personal health information on you that may be used for three primary purposes:
	<p>1. Treatment – For example, we will prepare a record of information each time we see you in or out of the office while you are under our care. This medical record is used to keep track of changes in your condition as well as remind us of your past care, treatment, allergies and other facts relevant to your overall health. This information may be passed on to other providers as part of a coordinated health care program for you.</p>
	<p>2. Payment – We must report elements of your personal health information, such as specific treatments, visits, tests and surgeries along with related diagnoses to third party payers to properly determine benefits payable on your behalf for the services we render. We only report the minimum necessary information to process the claim.</p>
	<p>3. Health Care Operations – In order to provide you with high-quality health care we often need to be able to use your personal health information for purposes such as pre-registering you at the hospital if you ever need to be admitted or providing your pharmacy with a prescription so that it is ready to pick up when you arrive. We may call you by name when the physician is ready to see you. We may use or disclose your protected health information if necessary to contact you with test results or remind you of your appointment. Again, we are committed to using the minimum necessary information to achieve these purposes.</p>
	In addition, we will use or disclose your personal health information under the following circumstances:
	<ul style="list-style-type: none"> • When we receive a valid authorization from you
	<ul style="list-style-type: none"> • If you give us an oral authorization
	<ul style="list-style-type: none"> • If we are required by law to disclose your personal health information to others such as public health agencies
Required Disclosures	We are required to disclose the information to you if you request it and we are required to disclose the information to the US DHHS for compliance determinations of this practice. We may disclose information about you with out your authorization for the following reasons:
	<ul style="list-style-type: none"> • When required by law, for judicial proceedings or law enforcement
	<ul style="list-style-type: none"> • For workers compensation
	<ul style="list-style-type: none"> • For uses and disclosures about descendents
	<ul style="list-style-type: none"> • Uses and disclosures for cadaveric tissue donation
	<ul style="list-style-type: none"> • To avert a serious threat to public health or safety
	<ul style="list-style-type: none"> • Disclosures about abuse or neglect or domestic violence
	<ul style="list-style-type: none"> • Information to the military or government if required by law

Other Disclosures	Other uses and disclosures will be made only with your written authorization and you may revoke such authorization by writing to us at our practice address or delivering a written revocation to us in person.
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Your rights:	You have a right to request restrictions on the use and disclosure of your personal health information. Our practice is not obligated to accept your restrictions though. However, if we do accept the restriction it must be complied with fully on our part.
	You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. We will not ask for an explanation regarding the basis for the request.
	You have a right to inspect and have a copy of your personal health information. If you would like a copy please request the information in writing or use a form available in our office for the request.
	You have a right to request amendments to your personal information. We will not amend any information we did not create. We are not obligated to make an amendment to your personal health information but we will include your request for the amendment as part of your personal health information.
	You have a right to an accounting for the prior six years (but no earlier than the effective date of this notification) for uses and disclosure for purposes other than treatment, payment and health care operations of our practice.
	You have a right to a paper copy of this notification. The current version will be provided to you at your request. It may also be viewed at our website, at www.deannaattai.com/hippa.htm
Our Duties:	We are obligated by law to protect your privacy and we will do our utmost to fulfill that duty to you. We will abide by all the terms in this notification but we reserve the right to change the terms of this notice and the personal health information it protects. You are entitled to a copy of those changes. We will post any changes in the office, and we will include updated copies with statements mailed to patients.
	We will do our very best to make certain your rights are protected and we carry out our responsibilities to you. If you have any complaint we encourage you to contact us. It is our sincere desire to preserve your privacy and fulfill our duties. We will take no retaliatory action against any person for exercising their right to the resolution of a grievance. To the contrary we encourage your comments and criticisms. If we cannot resolve the issue for you, you have the right to file a grievance and make a complaint to the US Department of Health & Human Services. To make a complaint or ask any questions concerning this policy please contact Dr. Attai directly at 818-333-2555.
Effective Date: Revised:	April 14, 2003 January 9, 2006 January 3, 2011 January 3, 2012