

David E. Arredondo, MD
Applied Neuroscience
648 Menlo Avenue, Suite 9
Menlo Park, CA 94025
www.DavidArredondo.com

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. If you have any questions or concerns, let Dr. Arredondo know and he will discuss it with you.

What is Medical Information?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for the purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (Dr. Arredondo), health plan, or others and which relates to: 1) your past, present, or future mental or physical health or conditions; 2) the provision of your health care (e.g., mental health) or; 3) the past, present, or future payment for the provision of your health care.

Dr. Arredondo is a Licensed Psychiatrist, licensed by the Medical Board of California and a Certified by the American Board of Psychiatry and Neurology, and, therefore, a mental health care provider. Dr. Arredondo creates and maintains treatment records that contain individually identifiable health information about you. Those records are generally referred to as “mental records” or “mental health records.” This Notice, among other things, concerns the privacy and confidentiality of those records and the information contained within them.

Uses and Disclosures Without Your Authorization

For Treatment, Payment or Health Care Operations

Federal privacy regulations allow health care providers who have a direct treatment relationship with you to use or disclose your personal health information, without your written authorization, for; 1) treatment purposes; 2) payment purposes; 3) health care operations, and; 4) the treatments activities of any health care provider.

Examples

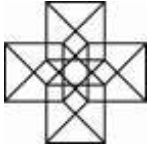
Treatment purposes – If Dr. Arredondo decides to consult with another licensed health care provider in order to assist in the diagnosis or treatment of your mental health condition, he would be permitted to use and disclose your otherwise confidential personal health information.

Disclosures for treatment purposes ARE NOT limited to the minimum necessary standard because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. “Treatment” includes, among other things, the coordination and management of health care among health care providers or among health care providers and a third party, consultations between health care providers, and referrals for health care from one health care provider to another.

Payment purposes – If your health plan requests a copy of your health records, or a portion of them, in order to determine whether or not payment is warranted under the terms of your policy or contract, Dr. Arredondo is permitted to use or disclose your personal health information.

Health care operations purposes – If your health plan decides to audit this practice in order to review Dr. Arredondo’s competence and performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

Treatments activities of any health care provider – If you are seeing a psychiatrist for medication and Dr. Arredondo is contacted for information about you, your mental health records may be used or disclosed.



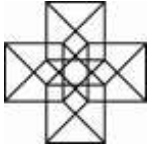
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Other Uses and Disclosures

There are other circumstances when Dr. Arredondo may be required or permitted to disclose your health information (e.g., your mental health records) without your written authorization. Some examples are;

- 1) If compelled by a court in accordance with an order of that court;
- 2) If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication in accordance with its lawful authority;
- 3) If disclosure is compelled by a party to a proceeding before a court or subpoena for mental health records, notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency;
- 4) If disclosure is compelled by a board, commission, or administrative agency in accordance with an investigative subpoena issued in accordance with its lawful authority;
- 5) If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, in accordance with a subpoena for mental health records (e.g., duces tecum), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel;
- 6) If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency;
- 7) If disclosure is compelled by the client or client's representative in accordance with Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the California Health and Safety Code or by corresponding federal statutes or regulations (e.g., the federal "Privacy Rule," which requires this Notice);
- 8) If disclosure is compelled by the California Child Abuse and Neglect Reporting Act (for example; if Dr. Arredondo has reasonable suspicion of child abuse or neglect);
- 9) If disclosure is compelled by the California Elder/Dependent Adult Abuse Reporting Law (for example; if Dr. Arredondo has reasonable suspicion of elder abuse or dependent adult abuse);
- 10) If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if Dr. Arredondo determines the disclosure is necessary to prevent the threatened danger;
- 11) If disclosure is compelled or permitted by the fact that you tell Dr. Arredondo of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims;
- 12) If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death;
- 13) Dr. Arredondo is permitted to contact you with your prior authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. Be sure to let Dr. Arredondo know where and by what means (e.g., telephone, letter, email, fax) you may be contacted;
- 14) If disclosure is compelled or permitted to a health oversight agency for oversight activities authorized by law, included but not limited to, audits, criminal or civil investigations, or licensure, or disciplinary actions. The California Board of Behavioral Sciences, who licensed Psychiatrist, is an example of an oversight agency;
- 15) If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine any compliance with privacy requirements under the federal regulations (the "Privacy Rule"); and/or;
- 16) If disclosure is otherwise specifically required by law.

Please Note: The list above is not an exhaustive list; however it informs you of most circumstances when disclosures without your written authorization may be made. Other uses or disclosures will generally (though not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in specific and meaningful fashion." You may revoke your written authorization at any time, provided that the revocations in writing and to the extent that Dr. Arredondo has taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If California law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if California law gives you greater rights than the federal rule does with respect to access to your records, Dr. Arredondo will abide by California Law. In general, uses or disclosures by Dr. Arredondo of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use of disclosure. Similarly, when Dr.



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Arredondo requests your personal health information from another health care provider, health plan, or health care clearing house, Dr. Arredondo will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above in the section dealing with uses or disclosures for treatment purposes, the “minimum necessary” standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order provide quality care.

Your Rights Regarding Protected Health Information

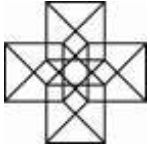
- 1) You have the right to request restrictions on certain uses and disclosures of *protected* health information about you, such as those necessary to carry out treatment, payment, or health care operations. Dr. Arredondo is not required to agree to your requested restriction. If Dr. Arredondo does agree, he will maintain a written record of the agreed upon restriction.
- 2) You have the right to receive confidential communications of protected health information from Dr. Arredondo by alternative means or at alternative locations.
- 3) You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute; Dr. Arredondo is permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to Dr. Arredondo’s “psychotherapy notes” – i.e., notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (including mental health) record. “Psychotherapy notes” exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.
- 4) You have the right to amend protected health information in Dr. Arredondo’s record by making a request to do so in writing that provides a reason to support the requested amendment. The right to amend is not absolute – in other words, Dr. Arredondo is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide Dr. Arredondo with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete, and to have the addendum become a part of your record.
- 5) You have the right to receive an accounting from Dr. Arredondo of the disclosures of protected health information made by Dr. Arredondo in the seven years prior to the date on which the accounting is requested. As with other rights, this right is not absolute, Dr. Arredondo is permitted to deny the request for specific reasons. For instance, Dr. Arredondo does not have to account for disclosures made in order to carry out his own treatment, payment or health care operations. Dr. Arredondo does not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
- 6) You have the right to obtain a paper copy of this notice from Dr. Arredondo upon request.

Please Note: If you wish to learn more detailed information any of the above rights, or their limitation, please let Dr. Arredondo know. He will discuss any of these matters with you. In order to avoid confusion or misunderstanding, if you want to exercise any of the rights enumerated above, please make your request to Dr. Arredondo in writing.

Dr. Arredondo is the Privacy Officer for his practice.

Duties

Dr. Arredondo is required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of these legal duties, your rights, and this business’s privacy practices with respect to such information. All members of this business (i.e., practice) are required to abide by the terms of the notice currently in effect. Dr. Arredondo reserves the right to change the terms of this notice and/or this business’s privacy practices and to make the changes effective for all protected health information that this business maintains, even if it was created or received prior to the effective date of the notice revision. If Dr. Arredondo makes a revision to this notice, he will make the



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notice available at the office upon request on or after the effective date of the revision and he will post the revised notice in a clear and prominent location.

As the Privacy Officer of this practice, Dr. Arredondo has a duty to develop, implement and adopt clear privacy policies and procedures for the practice and he has done so. Dr. Arredondo is the individual who is responsible for assuring that these privacy policies find procedures that followed not only by him, but also by an employees that work for him and that may work for him in the future. Dr. Arredondo has trained and will train any employees that may work for him so they understand the privacy policies and procedures. In general, client records and information about clients are treated as confidential in this practice and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Client's records are kept secured so they are not readily available to those who do not need them.

Because Dr. Arredondo is the Contact Person of this practice, you may complain to him and to the Secretary of the US Department of Health and Human Services if you believe your privacy rights may have been violated either by Dr. Arredondo or by those employed by the practice. You may file a complaint with Dr. Arredondo by simply providing him, in writing, with the specifics of the manner in which you believe the violations occurred, the approximate date of such occurrence and any details you believe will be helpful to him in looking into the matter. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to U.S. Health and Human Services Dept. Office for Civil Rights, 200 Independence Ave. SW Rm 509-F, Washington, DC 20201. No employee of this business will retaliate against you in any way for filing a complaint with Dr. Arredondo or with the Secretary.

If, after you've spoken to Dr. Arredondo, you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact Dr. Arredondo. As the Contact Person for this practice, he will do his best to answer your questions and to provide you with additional information.

This notice first became effective on April 14, 2003.