

DOMINIC TSE, M. D.  
A PROFESSIONAL CORPORATION  
ORTHOPAEDIC SURGERY

1709 BUSH STREET, SUITE 400  
SAN FRANCISCO, CALIFORNIA 94109  
(415) 776-0470 • FAX: (415) 776-2480

REPLY TO:  
MIRVA CENTER  
738 PACIFIC AVENUE, SUITE 605  
SAN FRANCISCO, CALIFORNIA 94133  
(415) 468-8331 • FAX: (415) 393-8815

SUMMARY OF NOTICE OF PRIVACY PRATICES

ATTACHED TO THIS LETTER IS A DOCUMENT WHICH DESCRIBES IN GREAT DETAIL HOW WE USE YOUR CONFIDENTIAL MEDICAL INFORMATION AND TO WHOM IT IS DISCLOSED. IT ALSO DESCRIBES YOUR RIGHTS OVER THIS INFORMATION. WE NEED TO USE YOUR MEDICAL INFORMATION TO HELP TREAT YOU, TO GET PAID FOR OUR SERVICES AND FOR SUCH PURPOSES AS ASSURING THE QUALITY OF CARE WE DELIVER. IN SOME INSTANCES, WE ARE REQUIRED BY LAW TO RELEASE THE INFORMATION.

YOUR RIGHTS INCLUDE THE RIGHT TO GET COPIES OF YOUR MEDICAL RECORDS, TO ASK FOR CHANGES IN THEM, TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE MAKE OF YOUR RECORDS, THE RIGHT TO ASK US NOT TO USE SOME PART OF THESE RECORDS AND THE RIGHT TO ASK US TO COMMUNICATE WITH YOU IN A PARTICULAR WAY. IF YOU ARE NOT HAPPY ABOUT THE WAY IN WHICH WE HAVE TREATED YOUR INFORMATION, YOU ALSO HAVE A RIGHT TO COMPLAIN TO US OR TO THE GOVERNMENT. WE WILL NOT PENALIZE YOU FOR DOING SO.

THE DOCUMENT IS LONG BUT WE URGE YOU TO REVIEW IT TO GAIN BETTER UNDERSTANDING OF YOUR RIGHTS.

WE ASK YOU TO SIGN A FORM AT THE END OF THE DOCUMENT WHICH INDICATES THAT YOU RECEIVED IT, IF YOU WISH WE WILL BE GLAD TO GIVE YOU A COMPLETE COPY TO TAKE HOME. PLEASE SIGN THE FORM AND RETURN IT TO THE RECEPTIONIST.

THANK YOU

PATIENT'S NAME: \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**DOMINIC TSE, MD**  
Phone (415) 956-8321  
Fax (415) 393-9915

728 Pacific Ave #505  
San Francisco, CA 94133

1199 Bush Street #405  
San Francisco, CA 94109

April 14, 2003

### **Notice of Privacy Practices**

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

#### **What is this Notice and Why it is Important**

This Notice is required by law to inform you of how your health information will be protected, how my office may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this Notice, please call 415-956-8321 and ask to speak to the Privacy Officer.

#### **Understanding Your Health Information**

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A data source for medical research and public health
- A source of data for planning facilities, marketing healthcare services, and fundraising
- A tool for educating health professionals
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

#### **Your Health Information Rights**

You have the following rights related to your medical and billing records kept by my office.

**Obtain a copy of this Notice.** You will receive a copy of this Notice at your first visit after its publication. Thereafter you may request a copy of this Notice or any revisions from my office by calling (415) 956-8321

**Authorization to use your health information.** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosed.

**Access to your health information.** You may request a copy of your health information that my office keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

**Amend your health information.** If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing.

**Request confidential communications.** You may request that, when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

**Limit our use or disclosure of your health information.** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with my ability to treat you or collect payment for my services.

**Accounting of disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

#### **Our Responsibilities**

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of my workforce and businesses associates, and provide this Notice about my privacy practices, and abide by the terms of this Notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

#### **Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations**

##### **We will use your health information to facilitate your medical treatment.**

**For example:** Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. I may document in your record my expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they take and their observations as appropriate. In that way, I will know how you are responding to treatment. I will also provide other healthcare providers involved with your treatment (e.g. specialists, consulting physicians, therapists, etc) with copies of various reports that should assist them in treating you.

##### **We will use your health information to collect payment for health care services that we provide.**

**For example:** A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

##### **We will use your health information to notify your family and friends about your condition.**

**For example:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your carer or your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

##### **We may use your health information to inform persons about your death.**

**For example:** We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

#### **Examples of Uses and Disclosures for Other Purposes**

**Appointment Reminders:** We may contact you to provide appointment reminders.

**Workers Compensation:** We may disclose your health information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Organ Procurement Organizations:** Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

**Public Health:** We may disclose your health information as required by law to public health, legal authorities, or other healthcare agencies/registries charged with preventing or controlling disease, injury or disability.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

**Law Enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

**Food and Drug Administration (FDA):** We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

**Device Manufacturers:** If you receive a medical device that is implanted or which is used for life support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

#### **Special Situations**

**Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence Activities:** We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

**Regulatory oversight:** We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law.

#### **For More Information or to Report a Problem.**

If you have questions, would like additional information, or want to request an updated copy of this Notice, you may call (415) 956-8339 and ask to speak to the Privacy Officer. If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact my office. You may also send a written complaint to:

United States Department of Health & Human Services.

The care you receive from me will not be impacted in any way if you file a complaint.

I have read and understand the information for the HIPPA Privacy Rule.

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Signature

Date