



# Kumar Desai, MD

Gastroenterology & Hepatology  
& Advanced Therapeutic Endoscopy

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY KUMAR DESAI, M.D., INC., 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 Kumar Desai, MD Inc may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact Kumar Desai, M.D., Inc.

### 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:

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

Understanding what is your record and how your health information is used helps you to ensure 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 Kumar Desai, M.D., Inc.:

**Obtain a copy of this notice.** You will receive a copy of this notice either by mail, or at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from the Kumar Desai, M.D., Inc.

**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 disclosure.**Access to your health information.** You may request a copy of your health information that

Kumar Desai, M.D., Inc. 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 and you may pick up a form for this purpose from the medical records department of the Kumar Desai, M.D., Inc.

***Request confidential communication.*** 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 requested 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 our ability to treat you or collect payment for our services.

***Account 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 our 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 our workforce and businesses associates, and provide this notice about our 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 disclosure your health information, we will also change this notice. The new notice will be posted in the waiting areas and will be available at the Information Desk.

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. Your provider may document in your record his or her expectation of 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, the physician will know how you are responding to treatment. We will also provide your physician, or other healthcare providers involved with your treatment (e.g. specialists, consulting physicians, anesthesiologists, 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, procedures and supplies used. 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 facilitate routine healthcare operations.***

**For example:** Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services we provide. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, and determining the need for new healthcare services.

***We will use your health information to help us educate medical staff, residents, and students.***

**For example:** Kumar Desai, MD Inc has associations with a variety of schools involved in the education of health professionals. All staff, residents and students must sign a confidentiality agreement before accessing any health information maintained by Kumar Desai, M.D., Inc.

***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 care 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**

***Alternative Treatments:*** We may use your health information to provide you with information about alternative treatments such as acupuncture, biofeedback, massage therapy, stress reduction.

***Marketing:*** We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you.

***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.

***Public health:*** We may disclose your health information as required by law to public health or legal authorities 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 disclosures would be made only to someone able to help prevent the threat.

***Law enforcement:*** We may disclose your health information to 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.

***Business associates:*** There are some services provided in our organization through contracts and business associates. Examples include transcribing your medical record, surveying for patient satisfaction, and a copy service we use when making copies of your health records. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your 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. Your health information may also be disclosed if a workforce member or business associate believes in good faith that Kumar Desai, M.D., Inc. has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

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

If you have a question or would like additional information regarding this notice, you may contact Dr. Kumar Desai's Privacy Officer at (209) 472-7200.

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 Dr. Kumar Desai's Patient Representative at (209) 472-7200. You may also send a written complaint addressed to Office for Civil Rights, U.S. Department of Health & Human Services, 50 United Nations Plaza - Room 322, San Francisco, CA 94120, or by e-mail at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Kumar Desai, M.D., Inc. will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.