

Rupinder K Legha MD PC

4859 W. Slauson Ave., #693

Los Angeles, CA 90056

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on January 1, 2021

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

### **NOTICE OF PRIVACY PRACTICES, RUPINDER K LEGHA MD PC**

This notices describes how medical information about you may be used and disclosed and how you can get access to this information. Some of this information is also reiterated in Dr. Legha's Consent to Treatment/Policies document, but this document provides the full extent of the notice of privacy practices, which is required by law. Please review this document carefully. If you have any questions about this notice, please contact Dr. Legha. Please retain a copy of this Notice for your files.

#### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers who provide "call coverage" for Dr. Legha by phone when she is not available. This notice applies to all patients and legal guardians of patients.

#### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

#### **OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

Protected Health Information (PHI) refers to information in your health record that could identify you. It is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care. Examples of PHI include your name, address, birth date, age, phone number, diagnosis, medical records, and billing records. We are required by applicable federal and state law to maintain the privacy of your protected health information, and to give you this Notice of Privacy Practices that describes our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notification takes effect January 1, 2021 and will remain in effect until replaced. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy

practices, we will change this notice and make the new notice available upon request. You may request a copy of our Notice of Privacy Practices at any time. For more information about our privacy practices or for additional copies of this notice, contact us.

#### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its HIPAA Privacy Rule (Rule), we are permitted to use and/or disclose your PHI for a variety of reasons. Except in specified circumstances, we are required to use and/or disclose only that minimum amount of your PHI necessary to accomplish the purpose for the use and/or disclosure. Generally, we are permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, and for our normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed authorization (typically using a signed release of information form). However, the Rule provides that we are permitted to make certain other specified uses and/or disclosures of your PHI without your Authorization. The following information offers more descriptive examples of our potential use and/or disclosure of your PHI.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU (OPERATIONS THAT DO NOT REQUIRE AUTHORIZATION)

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For payment we may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. While this practice does not accept health insurance, we may, for example, need to give your health plan information about a service you received here so your health plan will reimburse you for the service.

For health care operations, we may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

For appointment reminders, we may contact you as a reminder that you have an appointment for treatment or medical care at the office. Please notify us if you do not wish to be contacted for appointment reminders. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes. You may revoke your consent at any time by giving us written notice . Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures, which occurred before that time. If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

#### SPECIAL SITUATIONS (ADDITIONAL OPERATIONS THAT DO NOT REQUIRE AUTHORIZATION)

The HIPAA Privacy Rule provides that we may use and/or disclose your PHI without your Authorization in certain circumstances.

- When required by law: we may use and/or disclose your PHI when existing law requires that we report information including each of the following areas:
  - Reporting abuse, neglect or domestic violence: we may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of domestic violence or the possible victim of other crimes.
- Child abuse: Whenever we, in our professional capacity, have knowledge of or observe a child we know or reasonably suspect, has been the victim of child abuse or neglect, we must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if we have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional wellbeing is endangered in any other way, we may report such to the above agencies.
- Adult and domestic abuse: If we, in our professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if we are told by an elder or dependent adult that he or she has experienced these or if we reasonably suspect such, we must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency. We do not have to report such an incident told to us by an elder or dependent adult if (a) we are not aware of any independent evidence that corroborates the statement that the abuse has occurred; (b) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and (c) in the exercise of clinical judgment, we reasonably believe that the abuse did not occur.
- To avert a serious threat to health or safety: we may use and/or disclose your PHI in order to avert a serious threat to health or safety. If you communicate to us a serious threat of physical violence against an identifiable victim, we must make reasonable efforts to communicate that information to the potential victim and the police. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to

yourself or others, we may release relevant information as necessary to prevent the threatened danger.

- Public health activities: we may use and/or disclose your PHI to prevent or control the spread of disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food, dietary supplements, product defects and other related problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether or not you have a work-related illness or injury, in order to comply with Federal or state law.
- Health oversight activities: we may use and/or disclose your PHI to designated activities and functions including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs.
- Judicial and administrative proceedings: we may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- Law enforcement activities: we may use and/or disclose your PHI for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death.
- Relating to decedents: we may use and/or disclose the PHI of an individual's death to coroners, medical examiners and funeral directors. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- For specific government functions: we may use and/or disclose the PHI of military personnel and veterans in certain situations. Similarly, we may disclose the PHI of inmates to correctional facilities in certain situations. We may also disclose your PHI to governmental programs responsible for providing public health benefits and for workers' compensation. Additionally, we may disclose your PHI, if required, for national security reasons.
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- If we are concerned at any time that you are a danger to yourself, a danger to others, or gravely disabled and unable to care for yourself, we may be required to report this to law enforcement in order to secure emergency psychiatric services that may include inpatient psychiatric hospitalization.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your

authorization separate from any Consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X rays.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Rupinder K Legha, MD in order to inspect and/or copy your health information. You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. If you request copies, we will charge you \$1.00 per page to locate and copy your health information, and postage if you want the copies mailed to you. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Request an Amendment:** If you believe that your PHI is incorrect or incomplete, you may ask us to amend the information. This request must be made in writing, and it must explain why the information should be amended. You have the right to request an

amendment of PHI for as long as the PHI is maintained in the record. we may deny your request. On your request, we will discuss with you the details of the amendment process. This request must be made in writing to Dr. Legha.

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you pertaining to treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. A request for a restriction must be put in writing. However, we are not required to agree to a restriction you request. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make. If we do agree to your request, we will put these limits in writing and abide by them except in emergency situations.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.) You must make your request in writing. It must specify how and/or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to an Accounting of Disclosures:** You generally have the right to receive a list of disclosures of PHI for which you have neither authorization nor consent (see above for this section). This accounting will begin on 1/1/21 and disclosure records will be held for six years. On your request, we will discuss with you the details of the accounting process. To obtain this list, you must submit your request in writing to Rupinder K Legha, MD. It must state a time period, which may not be longer than six years and may not include dates before January 1, 2021. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this Notice of Privacy Practices from us upon request. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Rupinder K Legha, MD..

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Rupinder K, MD. Her contact information is provided on her website [www.rupileghamd.com](http://www.rupileghamd.com).

Written requests of any kind may be submitted to Dr. Legha via the Luminello patient platform. They can also be mailed to her business address (4859 W. Slauson Ave., #693, Los Angeles, CA 90043). Dr. Legha can also be reached at (323) 250.2151.

By signing this form, I acknowledge that I have received a copy of Dr. Legha's Notice of Privacy Practices.

ELECTRONIC COMMUNICATION I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

