



## Notice of Privacy Practices

Turnure Medical Group, Inc.

This notice describes how medical information about you may be used and disclosed by **Turnure Medical Group** and how you can get access to this information. Please read carefully.

### What is This Notice and Why is it Important?

Each time you visit our office a record of your visit is made. Typically this record contains a description of your symptoms, medical history, exam and test results, diagnoses, treatment, and a plan for future care. This information is referred to as your medical record. This information serves the following:

- A basis for planning your care and treatment
- Serves as a means of communication among healthcare professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or your insurance company can verify the services you received were appropriately billed
- A tool with which we can assess and work to improve the care we provide

### Your Health Information Rights

You have the following rights related to your medical and billing records kept:

- **Obtain a copy of this notice.** You will receive a copy of this notice at your first visit. Thereafter you may request a copy of this notice or any revisions by asking our staff or calling us at (916) 624-3500.
- **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 disclosure.
- **Access to your health information.** You may request a copy of your health information that we keep in your medical or billing record. Your request must be submitted in writing. We may charge a fee for the costs involved in 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 the 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 (ie. at a certain mailing address, email or phone number). We will make every reasonable effort to comply with your request.
- **Limit our use of your health information.** You may request that we restrict the use or disclosure of your health information for treatment, payment, healthcare 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 our ability to treat you or collect payment for our services.

- **Accounting disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment or payment of healthcare operations.

### **Other Responsibilities**

We are required by law to protect the privacy of your healthcare information, establish policies and procedures that govern the behavior of our staff and business 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 disclose your health information, we will also change this notice. This new notice will be available as a “Waiting Room Copy” or at the front desk if requested.

Except for 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.

### **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 Service 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 Turnure Medical Group has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers or the public.

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

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. Turnure directly at (916) 624-3500. He can also be contacted with any questions you have or if you need any additional information. You may also send a written complaint to the U.S. Department of Health and Human Services. Turnure Medical Group will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.