

LAGUNA BEHAVIORAL

Adel Eldahmy, M.D. Inc.

28281 Crown Valley Parkway, Suite 140
Laguna Niguel, CA 92677

Phone: (949) 367-1200
Fax: (949) 367-1300

NOTICE OF PRIVACY PRACTICES

I. 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.

II. Use And Disclosure Your Protected Health Information

The individual providers of Laguna Behavioral/Adel Eldahmy, MD Inc. are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that they've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. They must provide you with this Notice about their privacy practices, and such Notice must explain how, when, and why they will "use" and "disclose" your PHI. A "use" of PHI occurs when they share, examine, utilize apply, or analyze such information within their practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of their practice. With some exceptions, they may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, they are legally required to follow the privacy practices described in this Notice.

However, they reserve the right to change the terms of this Notice and their privacy policies at any time. Any changes will apply to PHI on file with them already. Before they make any important changes to their policies, they will promptly change this Notice and post a new copy of it in the office and on the website. You can also request a copy of this Notice from them, or you can view a copy of it in the office or at the website, which is located at www.lagunabehavioral.com.

III. Uses and Disclosures for Treatment, Payment and Health Care Operations Do Not Require Your Prior Written Consent.

They will use and disclose your PHI for many different reasons. For some of these uses or disclosures, they will need your prior written authorization; for others, however, they do not. Listed below are the different categories of their uses and disclosures with some examples of each category.

(1) For Treatment. They may use and disclose your personal health information to plan, provide and coordinate your health care services. For example if you are requiring medication as well as therapy, both the therapist you see and the nurse practitioner or physician need to have your health information.

(2) For Payment. They may use and disclose your personal health information to obtain payment for health care services they have provided to you. For example, they may need to give your health insurance plan information about your treatment so that your health plan will pay them or repay you for the services you received. They may also tell your health plan about a treatment you are going to receive or have received to get approval or to determine if your plan will pay for the treatment.

(3) For Health Care Operations. They may use or disclose your protected health information for their health care operations. For example, they may use or disclose your personal health information to perform risk assessments and other administrative tasks to monitor the quality of care that they provide.

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IV. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization.

For uses and disclosures of your personal health information not involving treatment, payment or health care operations, they will receive your written authorization prior to using or disclosing any personal health information (unless they are required or permitted by law to use or disclose your information as set forth below). You have the right to revoke any authorization previously granted. If you have any questions about written authorizations, please contact our contact person at (949) 367-1200, who will provide you with the information you need to revoke your authorization.

They may use and disclose your personal health information without obtaining your consent or authorization, in the following situations:

- (1) **Business Associates.** There are some services that they provide through contracts with our business associates. In such situations, they may disclose your personal health information to our business associates so they can perform the job they asked them to do. They require all business associates to appropriately safeguard your information, in accordance with applicable law.
- (2) **Notification of Family or Close Friends.** They may use or disclose your personal health information to notify a family member, personal representative or another person responsible for your care, provided you have the opportunity to agree or object to the disclosure. If you are unable to agree or object, they may disclose this information as necessary if they determine that it is in your best interest based upon their professional judgment. In all cases, they will only disclose the health information that is directly relevant to that person(s) involvement with your health care.
- (3) **Required by Law.** They may use or disclose your personal health information to the extent that they are required by law to do so. The use or disclosure will be made in full compliance with the applicable law governing the disclosure.
- (4) **Public Health Activities.** They may disclose your personal health information for public health activities to a public health authority authorized by law to collect or receive information for the purpose of controlling disease, injury or disability. They may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect or to report information about products or services under the jurisdiction of the United States Food and Drug Administration. Additionally, they may disclose your health information to a person who may have been exposed to a communicable disease or otherwise be at risk of contacting or spreading a disease and to your employer for certain work-related illness or injuries.
- (5) **Health Oversight Activities.** They may make disclosures of your personal health information to a health oversight agency charged with overseeing the health care industry. Disclosures will be made only for activities authorized by law.
- (6) **Judicial and Administrative Proceedings.** They may disclose your personal health information in the course of any judicial or administrative hearing in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process where they receive satisfactory assurance that appropriate precautions have been taken. In all cases, they will take reasonable steps to protect the confidentiality of your health information.
- (7) **Law Enforcement.** They may disclose your personal health information for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.
- (8) **Marketing.** For market activities, they will obtain your written authorization prior to sending any information to you, unless they are not required by law to do so.

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(9) Research. They may use or disclose your personal health information without your authorization for research purposes when such research has been approved by an institutional review board that has reviewed the research to ensure the privacy of your personal health information, or as otherwise allowed by law.

(10) Victims of Abuse, Neglect or Domestic Violence. They may disclose personal health information about an individual whom they reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child abuse, neglect or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of the law.

(11) Limited Government Functions. They may disclose your personal health information to certain government agencies charged with special government functions, as limited by applicable law. For example, they may disclose your health information to authorized federal officials for the conduct of national security activities, as required by law.

(12) Coroners, Medical Examiners and Funeral Directors. They may disclose personal health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or for other duties as authorized by law. They may also disclose personal health information to funeral directors in accordance with applicable laws.

(13) Health and Safety. They may disclose your personal health information to prevent or lessen a serious threat to a person(s) or the public(s) health and safety. In all cases, disclosures will only be made in accordance with applicable law and standards of ethical conduct.

(14) Workers Compensation. They may disclose your personal health information in accordance with workers compensation laws.

V. Your Individual Rights

You have the right to do the following:

1. Right to Receive a Copy of this Notice. Upon request, you have the right to receive a paper copy of this Notice. Please request this form from any Laguna Behavioral/Adel Eldahmy, MD Inc. employee or professional staff member.
2. Right to Receive Further Information. You have the right to contact their contact person at (949) 367-1200 if you want additional information about their privacy practices, your privacy rights, or disagree about a decision they made about your personal health information, or if you believe that your privacy rights have been violated. The contact person will provide you with the information you need to file a complaint.
3. Right to Inspect and Copy Your Health Information. Upon written request, you have the right to access and obtain a copy of your health information maintained by them. Please contact the Office Manager at (949) 367-1200 or info@lagunabehavioral.com for information you need to access and copy your protected health information.
4. Right to Amend Your Health Information. You have the right to request in writing that they amend health information maintained in your health record. They will comply with your request in the event that they determine the information that would be amended is false, inaccurate or misleading. Please contact the Office Manager at (949) 367-1200 or info@lagunabehavioral.com for information you need to request an amendment of your personal health information.

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5. Right to Request Additional Restrictions on Uses and Disclosures of Your Health Information. You have the right to request in writing that they place additional restrictions on how they use or disclose your personal health information. While they will consider any request for additional restrictions, they are not required to agree to your request. Please contact the Office Manager at (949) 367-1200 or info@lagunabehavioral.com for information you need to request additional restrictions on how they may use and disclose your personal health information.

6. Right to Request an Accounting of Disclosures. You have a right to request in writing an accounting of certain disclosures made by them of your personal health information. For each disclosure, the accounting will include the date the information was disclosed, to whom, the address of the person or entity that received the disclosure (if known), and a brief statement of the reason for the disclosure. Please contact the Office Manager at (949) 367-1200 or info@lagunabehavioral.com for information you need to request an accounting of disclosures.

7. Right to Request Confidentiality in Certain Communications. You have the right to request to receive your health information by alternative means of communication or at alternative locations. They will accommodate any such reasonable written request made on your behalf. Please contact the Office Manager at (949) 367-1200 or info@lagunabehavioral.com for information you need to request confidentiality in certain communications.

8. Right to File a Complaint. If you believe your privacy rights have been violated, in addition to filing a complaint with them, you have the right to file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services. Upon request, the Privacy Officer will provide with the information needed to file your complaint. Under no circumstances will they retaliate against you for filing a complaint with us or the Office of Civil Rights.

Changes to Notice

They reserve the right to change their privacy practices and to alter this Notice according to those changes. In the event that their Notice changes, they will mail you a copy of our revised notice to the address you have supplied us.

Privacy Officer

To contact our office, please call the Office Manager at (949) 367-1200 or info@lagunabehavioral.com.

Effective Date of this Notice

This Notice is currently in effect and will remain in effect until further notice.