



Notice of Privacy Practices

This notice describes how your health information may be used, disclosed and how you can access this information. Please Review it carefully.

At Dr. Mariotti's office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a specialist doctor whom we may involve in your care may review your file.

We may use or disclose your health information for payment of the services rendered to you. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer system.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each of our business associates that requires them to also protect your privacy.

We may use your information to contact you. For example, we may send your newsletters or other information. We may also call to remind you of your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may also release some of your health information when required by law.

If the practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any disclosures we make with your health information beyond the normal uses.

As we will need to contact you from time to time, we will use the address or telephone number that you prefer.

You have the right to transfer copies of your health information to another practice. If you request, we will mail your files for you or you make pick them up. You have the right to view and receive a copy of your health information, with a few exceptions. Send us a written request regarding information you would like. If you would also like a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Please send your request to make these changes in writing. If you wish to include a statement in your file, please submit it in writing. We may or may not be able to make the changes in your request, but we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add this new information.

You have a right to receive a copy of this notice. If we change any of the detail of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independent Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, we ask that before you file a complaint, or for more information or assistance regarding your health information privacy, you please contact our Privacy Officer, at (925) 685-4533.

This notice goes into effect April 14, 2003.

Acknowledgement – I have received a copy of Dr. Mariotti's Notice of Privacy Practices

Signed: _____ Date: _____

Print Name: _____

If signing as parent or guardian, please note patient's name: _____