

**Dr. John K. Russell & Associates**

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**CONFIDENTIALITY OF PERSONAL & HEALTH INFORMATION (PHI)**

This notice describes how medical and psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Dr. John K. Russell & Associates (DJKRA) is committed to protecting the personal and health information of our patients in each of the settings in which such information is received or disclosed.

When you complete an application for health coverage, your signature authorizes your health plan to collect personal information that includes both your medial information and individually identifiable information about you such as your social security number, date of birth, address, telephone number, etc.. As a patient or client of DJKRA, this general consent allows us to communicate with your authorized providers and health plan about treatment and payment decisions.

DJKRA also participates in quality measurement activities that may require us to access you PHI and we have policies to protect this information from inappropriate disclosure. We release this information only if aggregated or encoded.

We will not disclose, sell or otherwise use your PHI unless permitted by law for protection of personal safety and to the extent necessary to administer your benefit.

We will obtain written authorization from you to use your PHI for any other purpose than indicated above.

For any of our patients or clients unable to give consent, we have a policy in place to protect your rights and which permits your legally authorized representative to give consent on your behalf.

DJKRA will not release your PHI to your employer without your specific authorization, unless law permits or demands such release.

DJKRA has policies in place to allow you to inspect your medical records maintained after April 14, 2003 and, when needed, to include a written statement from you. You also have the right to request an accounting of disclosures of PHI made for purposes other than those stated above. To exercise any of these right you may contact your provider and or the Privacy Officer at DJKRA.

If at any time you have a complaint regarding how your PHI was used and/or disclosed, you may contact DJKRA and file a grievance, which will be investigated and the outcome reported in writing to member and health plan.

This policy is in effect as of April 14, 2003.

For more detailed information regarding DJKRA confidentiality policies, you may call (562) 799-3333 and ask to speak to the Privacy Officer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

\_\_\_\_\_ Requested and received copy of this notice

\_\_\_\_\_ Declined copy of this notice