

SOUTH BAY UROLOGY MEDICAL GROUP, INC.

A DIVISION OF USSC

Joy G. Paul, MD, FRCS (C), FACS
Garrett S. Matsunaga, MD
Timothy Lesser, MD
Shelby Morrisroe, MD

20911 Earl Street, Suite 140, Torrance, CA 90503
Phone 310.542.0199
Fax 310.542.4652
www.SouthBayUrology.com

Notice of Privacy Practices

It is the goal of South Bay Urology Medical Group, Inc. (hereafter referred to as “The Practice”) to provide the highest quality urological diagnostic and therapeutic services in accordance with all pertinent federal and state laws. The Practice will take reasonable steps to ensure conformity with pertinent laws and regulations.

We are committed to providing security and privacy for all protected health information obtained during your course of care. The Health Insurance Portability and Accountability Act (HIPAA) requires that we disclose certain information to our patients regarding the privacy of their medical information and records as well as our policies regarding the treatment of this information.

Your medical information, records, and documents are of highly confidential nature. Except as required or authorized by law, they shall not be disclosed to, or discussed with, anyone not employed by or affiliated with The Practice without the permission of The Practice or the patient, as appropriate.

HIPAA provides certain rights to patients with regard to the “protected health information.” These rights include: the right to our Notice of Privacy Practices, the right to inspect and to obtain copies of your medical records, the right to amend/append your medical records, the right to authorize certain non-treatment disclosures (employer, life insurance, fund-raising, research), the right to audit disclosures, the right to request restrictions on the use of your medical records, the right to request alternative channels of communication, and the course of action should you feel your right have been impeded.

Notice of Privacy Practices. This document represents our Notice of Privacy Practices. You have received two (2) copies of this document. ***Please read it in its entirety, sign both, and return one copy to our office.***

Right to Inspect & Obtain Medical Records. Our office has established policies and procedures relating to patients obtaining copies of their medical records. Appropriate charges will apply, as well as the patient’s signed consent for us to provide such documentation. If these records are requested by parties other than the patient, a signed release/consent is required.

Right to Amend/Append Medical Records. State and Federal law provide guidelines by which patients may amend or append their medical records. All documentation in the patient’s medical record will be done in accordance with all applicable laws.

Right to Authorize Certain Non-Treatment Disclosures. Patients have the right to request that disclosure of their condition and/or treatment be limited as provided by law. Restrictions on disclosures to family members (including parents), employer(s), marketing or advertising affiliates, research organizations, etc. can be made directly with the physician. Verbal/written approval to disclose protected health information will be obtained prior to disclosure.

SOUTH BAY UROLOGY MEDICAL GROUP, INC.

A DIVISION OF USSC

Joy G. Paul, MD, FRCS (C), FACS
Garrett S. Matsunaga, MD
Timothy Lesser, MD
Shelby Morrisroe, MD

20911 Earl Street, Suite 140, Torrance, CA 90503
Phone 310.542.0199
Fax 310.542.4652
www.SouthBayUrology.com

Right to Audit Disclosure of Information. Patients have the right to request disclosure of those persons or entities to which we have provided or disclosed their medical records or protected health information. Upon receipt of such requests, we will, in a reasonable timeframe, provide such information.

Right to Request Restrictions on Use of Medical Records. You have the right to request, in writing, specific restrictions on the use of your medical records and protected health information. Upon receipt of such request(s), we will restrict disclosure as provided by applicable law.

Right to Request Alternative Channels of Communication. If you wish for us to communicate with you via alternative channels of communication, please make these requests in writing, including the method through which you wish for us to contact you. It is our policy to send email to the email address and mail to the mailing address provided on our patient demographics forms, to contact you by telephone at either your home, cellular, or work telephone numbers, and to leave non-descriptive messages via answering machine.

If you feel your right to privacy has been breached, you may contact The Practice office manager. You may also contact the Department of Health & Human Services.

Patient Name (Please Print)

Date

Patient Signature