



Hematology · Oncology · Infusion Services
www.pacshoresoncology.com

1043 Elm Ave, #104
Long Beach, CA 90813
562- 590-0345
Fax: 562-437-8139

222 W. Eulalia Street, #100-B
Glendale, CA 91204
818-637-7611
Fax: 818-637-5106

16300 Sand Canyon Ave, #207
Irvine, CA 92618
949-333-7580
Fax: 949-333-7599

3747 Worsham Ave, #101
Long Beach, CA 90808
562-430-5900
Fax: 562-799-8379

19582 Beach Blvd, #212
Huntington Beach, CA 92648
714-252-9415
Fax: 714-963-8407

351 Hospital Road, #610
Newport Beach, CA 92663
949- 999-1400
Fax: 949- 478-8185

Mojtaba Akhtari, MD • Mohamad Barakat, MD • Luke Chen, MD • Sassan Farjami, MD • Dilruba Haque, MD • Yaser Homsy, MD • André K.D. Liem, MD • Mark M. Ngo, MD
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, INITIAL EACH PAGE, AND SIGN

THE PRIVACY PRACTICES ACKNOWLEDGEMENT FORM.

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record containing medical information about your past and current medical history as well as a description of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use of disclosure of medical information.

2. OUR LEGAL DUTY

The Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.



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Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways in which we use and disclose medical information. We have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. Your doctors and nurses may disclose all relevant medical aspects of your condition to other doctors, nurses or other health medical care professionals when necessary to obtain opinions, input, and professional expertise to give you the best medical care possible. We may also share medical information about you with other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:



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a) Notification: Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgement. We will also use our professional judgement to make decisions in your best interest about allowing someone to pickup medicine, medical supplies, x-ray or medical information about you.

b) Disaster Relief: Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

c) Fundraising: We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing of information that describes you in general, not personal, terms and the dates of your health care. In any fund-raising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

d) Research in Limited Circumstances: We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. In the event that you chose to participate in a research program as a research subject, a separate document (a consent form approved by the appropriate Institutional Review Board) explaining all pertinent aspects of how your medical information will be utilized will be given to you for review and signature.

e) Funeral Director, Coroner, and Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director or an organ procurement organization.



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f) Specialized Government Function: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

g) Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena; discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

h) Public health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being a part of a crime or has escaped from legal custody.



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- i) **Workers Compensation:** We may disclose health information when authorized and when it is necessary to comply with laws relating to workers compensation or other similar programs.
- j) **Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
- k) **Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

4. YOUR INDIVIDUAL RIGHTS

You have a Right to:

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also access by sending a letter to the contact person listed at the end of this notice. If you request copies of your medical information, we will charge you a flat fee of \$15.00 plus 25 cents for each page, and postage if you want the copies mailed to you. If a copying company is appropriately authorized and requests to copy your medical information at our office, we will charge a flat fee of \$25.00 to provide the appropriate records and facility/space. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment and health care operations and other specified exceptions.



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3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency.)
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of information.
6. If you received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the Privacy Officer at our office.

5. QUESTIONS AND COMPLAINTS:

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

6. CONTACT INFORMATION

Our medical group has appointed privacy officials who will serve as your contact person depending on which office you see your doctor at. You can contact any of our 6 locations on the top of this page or any of the attached pages.



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If for any reason the privacy officer assigned above is not available, the office will connect you with an appropriate substitute privacy officer.

If for any reason you have unanswered questions, complaints or need help in any other way with regard to your privacy, please call Dr. N. Simon Tchekmedyian at (562)590-0345 or Dr. Kalust Ucar at (818) 637-7611 or call directly the doctor in our medical group who takes care of you.

PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I have received the Pacific Shores Medical Group "Notice of Privacy Practices" and I have been provided an opportunity to review it.

Name: _____ Birthdate _____

Signature: _____

Date: _____