



GEORGE TAN MD, PLLC/dba: VEGAS DIGESTIVE HEALTH CENTER
5135 Camino Al Norte, Suite #150 | North Las Vegas, NV 89031
Phone: (702) 625-8989 | Fax: (702) 331-3115 WWW.VEGASDHC.COM

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we must provide you with the following important information:

- How we may use and disclose your protected health information (PHI).
- Your privacy rights with regard to your PHI.
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your personal information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices as permitted by law. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past or that we may create or maintain in the future. Our practice will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time.

A. USES AND DISCLOSURES OF PHI

The following section describes different ways that we use and disclose your health information. Not every use or disclosure will be listed; however, we have listed the various 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 written authorization. Any specific written authorization you provide may be revoked at any time by submitting the revocation to us in writing.

1. Treatment. We may use and disclose medical information in the course of your treatment in order to provide, coordinate or manage your health care and any related services. This may include other providers, pharmacies or others who assist in your care, such as your spouse, children, parents or caretaker.
2. Payment. We may use and disclose your PHI, including records, to obtain payment for services and products you may receive from us. This may include activities associated with authorization of services, eligibility and coverage or obtain payment by your health insurance plan or other third parties that are responsible for such payment or information.
3. Health Care Operations. We may use and disclose your PHI to ensure accurate and appropriate business operations. These activities include, but are not limited to, quality assessment activities, employee review activities, or licensing.
4. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.
5. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care or who assists in taking care of you.

B. ADDITIONAL USES AND DISCLOSURE THAT MAY BE MADE **WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to all or part of your PHI being used or disclosed for these purposes. If you have not able to agree or object, the provider will, using professional judgment, determine whether the use is in your best interest. In any event, only the PHI that is relevant to your health care will be disclosed.

1. Emergencies. We may use or disclose your PHI in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonable, practicable after the delivery of treatment. If your provider



is required by law to treat you and the provider has attempted to obtain your consent but is unable, he or she may still use your PHI to treat you.

2. Others Involved in Your Health Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify or that may be responsible for your care, your PHI that directly relates to that person's involvement in your health care. If you are unable to object to such a disclosure, we may disclose such information if we determine that it is in your best interest. We may use or disclose your PHI to an authorized public or private entity to assist and coordinate uses and disclosures to family or other individuals involved in your health care.
 3. Communication Barriers. We may use and disclose your PHI if your provider attempts to obtain your consent but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to under the circumstances.
- C. **ADDITIONAL USES AND DISCLOSURE THAT MAY BE MADE **WITHOUT** YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**
1. Public Health. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of.
 - Maintaining vital records, such as births and deaths.
 - Preventing or controlling disease, injury or disability.
 - Notifying a person regarding potential exposure to a communicable disease.
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices.
 - Notifying individuals if a product or device they may be using has been recalled.
 - Notifying appropriate government agencies and/or authorities regarding the potential abuse or neglect of a patient, including domestic violence. However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
 2. Health Oversight. We may use or disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
 3. Required by Law. We may use or disclose PHI to the extent required by law. The use or disclosure will be limited to the relevant requirements by the law. You will be notified, as required by law, of any such uses or disclosures.
 4. Legal Proceedings. We may disclose PHI in the course of any judicial or administrative proceeding, in response to a court or administrative order, discovery request, subpoena, or other lawful process by another third party involved in the dispute.
 5. Law Enforcement. We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes including:
 - Legal processes and otherwise required by law.
 - Limited information requests for identification and location purposes.
 - Pertaining to victims of crime.
 - Suspicion that death has occurred as a result of criminal conduct.
 - In the event that a crime occurs on the premises of the practice, and
 - Medical emergency (not on the practice's premises) and it is likely that a crime has occurred.
 6. Coroners, Funeral Directors and Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for other duties authorized by law. We may also disclose information to a funeral director, as authorized by law, in order to permit the director to carry out their



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duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

7. Food & Drug Administration. We may disclose your PHI to an FDA authorized person or company to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements or to conduct post-marketing surveillance, as required.

8. Military Activity and National Security. When appropriate conditions apply, we may use or disclose PHI of individuals who are Armed, forced personnel (1) for activities deemed necessary by appropriate command authorities; (2) for purpose of determination by the Department of Veteran Affairs of your eligibility for benefits, or; (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the present or others legally authorized.

9. Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of this notice.

D. YOUR RIGHTS REGARDING YOUR PHI

1. Confidential Communications. You have the right to request that our practice communicate with you about your health-related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, but not leave a message on the answering machine or with the answering service. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer, whose name is listed elsewhere in this Notice.

2. Request Restrictions of your PHI. You have the right to ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations (TPO). You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. You must make your request in writing to the Privacy Officer listed elsewhere in this Notice. You must include (1) the information you wish restricted, (b) whether you are requesting to limit our use, disclosure or both and, (3) to whom you want the limits to apply.

Your provider is not required to agree to a restriction. If your provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI may not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

3. Inspect and Obtain Copy of Your PHI. You have the right to inspect and obtain a copy of PHI about you that is contained in your medical record. A medical record includes medical, billing and any other records used for making decisions about you. However, under federal law, you may not inspect or receive copies of the following records: psychotherapy notes; information compiled in a reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. You may be required to submit your request for records in writing and a fee may be charged by the practice for the cost of copying, mailing, labor and supplies associated with your request.

4. Request Amendments to Your PHI. You have the right to request an amendment of PHI about you in your medical record for as long as we maintain it. The request must be in writing and submitted to the Privacy Officer listed elsewhere in this Notice. You must provide us with a reason that supports your request for an amendment. In certain cases, we may deny your request for an amendment. If your request is denied, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

5. Request Accounting of Certain Disclosures of Your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations (TPO) as described in this Notice. You have the right to specific information regarding these disclosures that occurred after April 14, 2003. This accounting is a list of certain non-routine disclosures our practice has made, if any, of your PHI for non-TPO purposes. Use of your PHI as a part of the routine patient care in



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our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer listed elsewhere in this Notice and you must state a time period, which may not be longer than six (6) years from the date of disclosure, and may not include dates prior to April 14, 2003.

6. To Obtain a Paper Copy of This Notice. Upon request, you have the right to obtain a paper copy of this notice, even if you have previously agreed to accept this notice electronically.

7. Complaints/Questions. You may file a complaint with our office or with the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. For information about the complaint process, please contact the Privacy Officer listed elsewhere in this Notice.

E. PRIVACY CONTACT/QUESTIONS AND FURTHER INFORMATION

For questions regarding this notice and further information regarding any of its contents, you may contact us at:

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