

NOTICE OF PRIVACY PRACTICE – SELENA W. ELLIS, M.D.
3000 Colby Street, Suite 302, Berkeley, CA 94705

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

The law permits us to use or disclose your health information to those involved in your treatment. An example of this would be a specialist doctor who we involve in your care. We may also use or disclose your health information for payment of services. For example, we may send a report of medical progress to an insurance company. We may use or disclose your healthcare information for our normal office 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 business associate that requires them to protect your privacy. We may also use your information to contact you. We may want to contact you to confirm 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 release some or all of your health information when required by law. If this 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 healthcare 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 uses or disclosures we make with your healthcare information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you indicate. You have the right to transfer copies of your health information to another practice, and we will assist with this transfer. You have the right to receive a copy of your health information with a few exceptions. Give us a written request regarding the information you want to see. If you also want 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. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment, we will not remove or alter earlier documents, but will add new information.

You have a right to receive a copy of this notice. If we change any of the details 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 Independence Avenue, S.W., Room 509F, Washington, D.C. 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our privacy officer, Selena Ellis, M.D. at 510-644-2282. This notice goes into effect April 1, 2008.

ACKNOWLEDGEMENT

I have received a copy of the Selena W. Ellis, M.D. Notice of Privacy Practices.

Name Signature Date

DESIGNATION of FAMILY MEMBERS, CAREGIVERS or OTHER SIGNIFICANT PARTIES:

I designate the following person/s listed to receive information about my health care in a limited fashion and only as relevant to their involvement with my healthcare or payment relating to my healthcare. (I understand that I am not required to list anyone, and that I may change this list at any time in writing).

Print Name _____ Last 4 digits of his/her SSN: _____

Print Name _____ Last 4 digits of his/her SSN: _____

Signature Date