



PRIVACY NOTICE

This office holds your personal health information confidential but will use it for treatment, payment and health care operations. Dr. Ghalambor's practice will use the information for treatment purposes, billing purposes and quality improvement. This office may disclose the information to other physicians during emergencies or in cases of abuse or neglect and in legal proceedings. We understand your medical information is personal, and we are committed to protecting your privacy.

Your HIPPA rights are:

1. The right to access your records within 30 days for records kept on site and 60 days for records kept off site.
2. The right to request restrictions on who sees your records within feasible and reasonable limits.
3. The right to confidential communication with your provider.
4. The right to amend, not change, the record when you disagree with the content.
5. The right to an accounting of disclosures for purposes other than treatment, payment and health care operations.

Consent:

By signing this document I give Navid Ghalambor M.D. and his medical practice permission to use and disclose all protected health information for treatment, payment or health care operations.

“NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California, 800-633-2322, www.mbc.ca.gov”

Patient signature: _____ Date: _____

Acknowledgement:

I have been offered a copy of this office's privacy notice:

Patient signature: _____ Date: _____