

**Neal Mazer, MD, MPH**  
110 1/2 E. De La Guerra Street  
Santa Barbara, CA 93101

## **Notice of Privacy Practices & Consent to use and disclose your health information**

This form is an agreement between you, \_\_\_\_\_ and me/us  
**Dr. Neal Mazer.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This notice is a shorter version of the full, legally required NPP.

When we examine, diagnosis, and treat you we will be collecting what the law calls Protected Health Information (PHI) about you. We will use this information about your health, which we get from you or from others mainly to provide you with treatment, to arrange payment for our services, and for some other business activities that are called, in the law, health care operations. **After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information. If you do not sign this consent form, we cannot treat you.**

If we, or you, want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an ***Authorization to Release Information form.***

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although, we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to comply with your wish.

Of course we will keep your health information private but there are some times when the laws require us to share it, for example:

- 1) When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help or prevent or reduce this threat.

- 2) Some lawsuits and legal or court proceedings.
- 3) If a law enforcement official required to do so.
- 4) For Workers Compensation and similar benefit programs.

There are some other situations like these but which don't happen very often. They are described in the longer, legally formatted, version of the NPP.

***Your rights regarding your health information***

- 1) You can ask us to communicate with you about your health related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work to schedule appointments.
- 2) You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if this is against the law, or in an emergency, or when the information is necessary to treat you.
- 3) You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you.
- 4) If you believe the information in your records is incorrect or missing important information you can ask us to make some kind of changes (called amending) to your health information. You have to make this request in writing. You must include the reason for wanting us to make this change.
- 5) You have the right to a copy of this notice. If we change this NPP we will post the new version, in writing, in an area where you can see it.
- 6) You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with myself and then with the Medical Board of California.
- 7) After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time on, but we may already have used or shared some of your information and cannot change that.

If you have any questions regarding this notice or our health information privacy policies, please address them at the time of your next appointment.

I have read, understand and consent to the above notice.

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Patient Signature

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Date