

Rhonda J. Myers M.D., Ph.D.

FACP, FACAIA

Pediatric and Adult Allergy, Asthma and Clinical Immunology

4902 Irvine Center Drive #108, Irvine, CA 92604

Tel (949) 552-3121, Fax (949) 552-3723

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

At our office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment. For example, a specialist doctor whom we may involve in your care may review your file. We may use or disclose your personal health information for payment of services. For example, we may send a report of your progress to your health insurance company. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer. 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 use your information to contact you. For example, we may send newsletters or other information. Also, we may call and remind you about an appointment. 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 property of the new owner.

Except as described above, this practice will not use or disclose your health 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 disclosure we make with your health information beyond the normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you. You have the right to see and 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 want a copy of your records, we may charge a reasonable fee for the copies. You have the right to request an amendment or change to your health information. Give us your request in writing. We may or may not make the changes your request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information. You have the right to receive a copy of this notice. If we change the details of this notice, we will notify you of the changes in writing.

Questions or complaints about this Notice of Privacy Practices, or how this medical practice handles your health information should be directed to our Privacy Officer, Klaus Rosebrock M.D.

This notice goes into effect on April 14, 2003

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Date

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Signature (patient or responsible party)