



Coast and Aloe Medicine and Aesthetics

Professional Corporation and Adrienne N. Burrows, M.D.

2001 Santa Monica Blvd. Ste 1265W, Santa Monica, CA 90404

Phone: 424.888.6298 • Fax: 424.456.3642

Notice of Privacy Practices

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.

I. Coast and Aloe Medicine and Aesthetics Privacy Obligations

This notice describes the privacy practices of Coast and Aloe Medicine and Aesthetics and our employees. The notice applies to all of the medical records generated by the office. Coast and Aloe Medicine and Aesthetics uses an electronic health record (EHR) to store and retrieve much of your health information. The use of an EHR makes it easier for the office staff to exchange and share information.

The office is required by federal and state law (45 Code of Federal Regulations Parts 160 through 164) to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices. When we use or disclose health information, we are required to abide by the terms of this notice or other notice in effect at the time of the use or disclosure. In the event of a reportable breach of your protected health information, we are required to notify you of the improper use or disclosure of the information.

II. Uses and Disclosure with your Consent

Before we provide services, except in an emergency or other special circumstance, we ask you to read and sign a written consent which authorizes us to use and disclose your protected health information to 1) provide treatment; 2) to obtain payment for services; and 3) to support health operations such as quality improvement and customer services. Examples of how we use your information include, but are not limited to the following:

Treatment: Exchange of information between the treatment team for purposes of case review, treatment planning and service delivery; exchange of information between Coast and Aloe Medicine and Aesthetics to facilitate transfer to other levels of care; contacting you by phone or mail to remind you of appointments, and to follow-up on your progress during and after treatment

Payment: Providing limited information (i.e. record number, admission date, discharge date and number of sessions attended) to the payer or funding source to obtain payment for services we have provided to you, or to an insurance company or health plan to determine whether we plan to provide to you are covered.



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Healthcare Operations: Review of treatment files and patient outcomes by Coast and Aloe Medicine and Aesthetics staff to ensure you are receiving quality care; review by management staff for purposes of staff supervision and training and to evaluate the need for new services; review by external auditors for purposes of an audit.

III. Uses and Disclosures without your Consent or Authorization

Emergency situations: Coast and Aloe Medicine and Aesthetics may use or disclose your health information without your consent or authorization in an emergency involving a serious threat to health and safety. The information will be limited to information necessary for emergency personnel to provide services.

Suspected Child or Elder/Dependent Abuse or Neglect: We are required to disclose information about your consent or authorization if we have reason to suspect you are involved in a situation of abuse or neglect of a child or elder/dependent adult. We will only report incidents in which you are the victim of abuse with your consent.

Business Associates: Some of our services, such as laboratory tests (e.g. urine analysis) and transcription services are provided through contracts with business associates. We may disclose some protected health information to our business associates as part of the treatment process. Other business associates include service consultants who provide building maintenance or other services on our computers that house your electronic health information. Our business associates have agreed to protect the confidentiality of protected health information and to re-disclose this information without your written authorization.

Court Order: We may disclose your health information in the course of a judicial or administrative proceeding if we receive a legal order signed by a judge.

IV. Uses and Disclosures with your Written Authorization

Other disclosures of your protected health information will only be made with your written authorization. You have the right to refuse authorization. You also have the right to revoke such authorization in the future.

V. Your Individual Rights

Right to Request Restrictions: You have the right to request restrictions or limitations on certain uses and disclosures of your protected health information, including the right to restrict disclosures to



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an insurer if you paid for your services out of pocket. To request a restriction or limitation on the use of your protected health information, send a written request specifying clearly what restrictions you wish to be placed on your protected health information. Send your request to Coast and Aloe Medicine and Aesthetics at 2001 Santa Monica Blvd. # 1265W, Santa Monica, CA 90404. The office will consider all requests for restrictions on use and disclosure of protected health information. The office is not required to agree to your request. If we do not agree and you are an active client, a Coast and Aloe Medicine and Aesthetics representative will discuss your request with you. If your requested restrictions would interfere with our provision of treatment services to you; you will be given the choice to withdraw your request for restrictions on the use and disclosure of your protected health information, or to terminate your treatment with Coast and Aloe Medicine and Aesthetics and transfer you to another health care provider.

Right to Receive Confidential Communications: You have the right to receive communications from Coast and Aloe Medicine and Aesthetics in a certain way, such as by phone, U.S. mail or email, or at a certain location. To receive communications at the location of your choice, it is your responsibility to notify your counselor of the location (i.e. mailing address, telephone number, email address, etc.) where you wish to receive communications. We will consider all requests carefully, notify you of any risks, and honor reasonable requests. If you wish to change the location or method by which you receive communications from us at some time after your discharge from treatment, you may send your change in writing to: Coast and Aloe Medicine and Aesthetics 2001 Santa Monica Blvd. #1265W, Santa Monica, CA 90404.

Right to Inspect and Copy your Health Information: You have the right to inspect and/or receive a hard or electronic copy of protected health information in your client record. To inspect or request a copy of your record, you must make your request in writing. There is a fee charged for inspecting or making a copy of your record.

Right to Amend Your Records: If you believe your protected health information is inaccurate and needs amendment, you request that your record be amended. To make a request to amend your protected health information, you must notify Coast and Aloe Medicine and Aesthetics in writing specifying the information to be amended and the reason for the amendment. The office will review your request for amendment. No later than 60 days after receipt of your request, we will either 1) amend your protected health information and notify you that the amendment you requested has been made, or 2) notify you that your request is denied and the reason for the denial. If your request is denied, you may submit a written statement disagreeing with the denial which will be placed in your record.



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Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your protected health information made by Coast and Aloe Medicine and Aesthetics. We maintain a list of disclosures made with your authorization or made to business associates in the provision of your treatment services. The accounting includes: the date information, the entity or person who received the information, a brief description of protected health information disclosed, and the purpose of the disclosure. To receive an accounting of disclosures of your protected health information you must send a written request to Coast and Aloe Medicine and Aesthetics 2001 Santa Monica Blvd. #1265W, Santa Monica, CA 90404. Your request must include the time period you wish and accounting for, your full name and date of birth to assist us in locating your file. The accounting will be provided to you within 60 days of receipt of your written request.

For more Information to File a Complaint: If you want further information about your privacy rights, or are concerned that we have violated your rights or disagree with a decision we have made about your health. You can file a written complaint with the Secretary of Health and Human Services (HHS). You must name the entity that is the subject of the complaint and describe the acts or omission to be in violation of the applicable requirements

Right to receive a Copy of this notice: You also have a right to receive a copy of this notice.

Coast and Aloe Medicine and Aesthetics reserves the right to revise our practices at any time. At the time we changed our practices regarding the use of protected health information. We will revise this notice. The revised notice will be posted and available inside the Coast and Aloe Medicine and Aesthetics office.

This notice is effective October 24,2019 and remains effective until notice of amendment is published.