

## Merced Faculty Group Patient Rights

Merced Faculty Associates Medical Group, Inc. will honor all of the following rights of patients and family members and friends who have been given access or disclosure to specified or all medical records of the individual patient. Merced Faculty Associates Medical Group will give notices of our privacy policy and patient rights to all new patients and annually for all established patients as well as provide easy accessibility to view and print our rights through all locations (upon request) and the MFA website. We will make sure all notices are clear and concise and will respond as quickly and appropriately as possible for all questions, concerns, and problems.

As a patient you have the right to:

(Please note: IIHI- Individually Identifiable Health Information)

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing. Your request must describe in a clear and concise fashion:

(A) the information you wish requested.

(B) whether you are requesting to limit our practice's use, disclosure or both; and

(C) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Reasonable Care. You have the right to have reasonable access to care or protective services as well as a reasonable response for any request that a Merced Faculty Associates Medical Group location is able to provide. You have the right to receive respectful and considerate care at all times. Merced Faculty Associates Medical Group will take into account your values, beliefs, and personal regards. Merced Faculty Associates Medical Group will honor your requests and will uphold your right to:

(A) to request an interpreter

(B) to a decision-maker of your choice when you are unable to make a decision

(C) to participate in your health decisions and well-being by understanding your diagnosis and treatment plan

(D) to know the name and professional status of those providing medical services to you.

(E) receive your bills in a way that is concise, detailed, and itemized.

(F) your right to receive a patient care summary either by mail or by an account with our Athena portal

(G) to refuse treatment to the extent that the law allows.

5. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:

(A) accurate and complete;

(B) not part of the IIHI kept by or for the practice;

(C) not part of the IIHI which you would be permitted to inspect and copy; or

(D) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

6. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge. Our practice will notify you of the costs involved with additional requests.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Manager of the location you attend, who will act as your Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at

any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.

9. Right to a Paper Copy of Our Privacy Policy and Rights. You are entitled to receive a paper copy of our notice of privacy practices. You can obtain one at any one of our locations, or by clicking: As a patient in this organization, you have the responsibility to:

- Be considerate of the staff and other patients as well as take into consideration the control of your children or other minors while at our provider's office.
- Be aware of all safety regulations and uphold them. If you do not, you may be triaged, and if not considered an emergency, will be asked to leave the building. Merced Faculty Associates Medical Group does maintain our right to discharge you if you are not following our policies in an appropriate manner.
- Be on time to your appointment and give all required information to the appropriate staff (personal information, required signed forms, a current medication list, updated vaccination list, and any other appropriate requested information).
- Fulfill any financial obligations.

If you have any questions regarding this notice or our health information privacy policies and rights, please contact your provider's office. You may also ask in our FAQ section, where a responder will attempt to help in the best of their abilities as soon as possible.